

A HOUSE of MERCY

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Olympia, Washington

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A HOUSE OF MERCY
A HISTORY OF
TACOMA GENERAL HOSPITAL,
THE FANNIE C. PADDOCK MEMORIAL

By
Mildred Bates, R.N.

Mildred Bates

*Lovingly, to my friend of
many, many years - and who introduced
me to printer's ink in the three years -*

First Edition December 1976
Warren's Printing and Graphic Arts Center
Olympia, Washington

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DEDICATED TO

All who are working and all who have ever worked, gratis or salaried, for Tacoma General Hospital or the two preceding Fannie C. Paddock Memorial Hospitals to make the dream of the woman who died for it come true--to have in this land "A House of Mercy."

ACKNOWLEDGEMENTS

First and foremost on the list of those to whom gratitude is owed for the information in this book is the Protestant Episcopal Church. The gracious permission to use material from the Diocesan and Convocation Reports granted by the national archivist gave authenticity and much interest to the first thirty years of Tacoma General Hospital's life, known during these years as the Fannie C. Paddock Memorial Hospital.

Next in line for appreciation are the many, many former graduates of the Tacoma General Hospital and the Fannie C. Paddock Schools of Nursing. Descriptions, pictures, and recollections were given by interview or letter. Many who were interviewed will not read of our gratitude on this page. Attrition strikes heavily among those who were within the walls sixty or seventy years ago.

A sincere thank you is due to the Tacoma Public Library, the State Library in Olympia, the Pierce County Medical Society Library, and to libraries and historical societies all over the nation for their patience and diligence in replying to the hundreds of queries made. The American Medical Association and the American Hospital Association as well as the Washington State Medical Association and the Washington State Hospital Association and the school and hospital library of Tacoma General Hospital have spared neither time nor effort to supply needed information. The Washington State Nurses' Association, the American Nurses' Association, and the International Congress of Nurses were very helpful.

Herbert Hunt's "History of Tacoma and Its Builders," Paul Harvey's "Tacoma Headlines," the Tacoma News Tribune, and W. P. Bonney's "History of Pierce County, Washington!" were all invaluable and contributed much.

Kenneth Ollar, Tacoma General Hospital photographer, was most cooperative in copying yellow and faded pictures sent in. Many times his reproductions from old books, newspapers, and magazines were clearer than the originals.

Names are laced into the story to show sources of material as well as footnote references at the end of each chapter. It is hoped that each and every one mentioned will interpret it as individual appreciation of the indebtedness owed.

And much is owed Steve Michaud, on the editorial staff of "Newsweek," who donated many hours to bring about some order to the original chaotic collection of facts.

The hospital wishes to express its deep appreciation to Mr. and Mrs. Robert Paddock Hutchinson for their generous contribution which has helped make publication of this book possible.

FOREWARD

A complete and authentic history of Tacoma General Hospital should have been written many years ago and then periodically updated. Had it been started about 1925 or 1930 there would have been more people to talk to. But now it is largely a matter of poring through old newspapers and documents. Over the years several persons have written short resumes of the past--all interesting but not necessarily agreeing in content. Everyone interprets events with his own eye and coloring. Even the geography was different. So trying to put everything in its proper place and perspective is extremely difficult.

One big factor in my favor is that everyone--and I mean everyone--who has been told of the project is eager to help, new acquaintance or old friend. The museums and libraries of many states have searched their records thoroughly, sparing neither time nor expense in providing me with invaluable material. All former nursing graduates contacted have tried their best to give me details.

Of course, the first Fannie C. Paddock Memorial Hospital was the most difficult historical era to deal with as there are no living contacts remaining from that period. However, the 1881 reporters and printers provided a wealth of information from which to draw upon.

There were romance and drama in the construction of the first Fannie C. Paddock Memorial Hospital. Then, we come to the second. There were drama and much human interest in that one, too, but everyone seems to have passed over that hospital in previous scant histories of Tacoma General, creating the impression that it was of short duration when, in fact, it actually stood and served for twenty-six years. Of course, some of the memories were recorded shortly after the building of the third hospital which probably preempted the immediate historical significance of the second hospital.

"History is neither neat nor static... the pages always turn before we are ready."

Anne O'Hare McCormick
New York Times, November 9, 1949

There are many direct quotes from newspapers, church documents, former histories, and old graduates. This is deliberate to convey the "feel" of the particular time and to portray the physical layout of the buildings, changes of locations of departments, and procedures. Quotes are purposely woven into the narrative as well as numbers denoting footnotes at the end of chapters.

Personal contacts provided the major source of data with the exception of the first Fannie Paddock. Sources have been cross checked to the extent possible to obtain the highest possible degree of historical accuracy.

Highlights of the times and bits of Tacoma history are interspersed to illustrate the need of the city and hospital for each other.

Mildred Bates, R.N.

CHAPTER ONE

IN 1850 a young, Swedish emigrant, Nicholas De Lin, and about one hundred fifty other adventuresome young men sailed around the Horn and landed in San Francisco. Most turned south to the gold fields, but De Lin drifted north where wealth lay in an abundance of trees, plenty of water to transport them, and an ever-growing market clamoring for building materials. He chose his claim on Commencement Bay, almost at the southern tip of Puget Sound, a large, quiet inlet with a sloping beach at the mouth of Galliher Gulch. The site was yellow with skunk cabbages proclaiming the many springs running down the hillsides and emptying into the sound.¹

De Lin started a sawmill in 1852, located at about what is now the intersection of Puyallup Avenue and Dock Street. He harnessed power from two creeks with a ten-foot dam, and bewildered Indians watched as power was transmitted to the saws. A partnership had been formed with two men from Tumwater, Col. Michael T. Simmons and Smith Hays. Then came Stephen Judson with his yoke of oxen to snake out the logs. The feller was Peter Anderson. A little later De Lin's brother, Andrus, came and then William and Eliza Sales. On October 20, 1853, James Sales was born, the first child born on the spot which was to become Tacoma.²

Nicholas De Lin placed an ad in the Washington Pioneer, published in Olympia, for men to come and saw logs; the first ad to call attention to the site of Tacoma. Millworkers came in growing numbers and the little community flourished until late October, 1855, when a major Indian uprising forced all the settlers in the Puget Sound area to take refuge at Fort Steilacoom.³

De Lin reopened his mill at the close of the Indian war in 1857 and then sold out for \$3,500 four years later. Salt air and the weather had taken their toll of the machinery, however, and, after the mill had changed hands several times, it was abandoned. Only a few families were left in the community. De Lin had moved to Seattle, then to Olympia, and finally settled in Portland where he took further part in shaping Tacoma's future by talking to a man named Morton Mathew McCarver.⁴

McCarver was a real estate speculator who had established several town-sites across the nation and learning of the charter signed by President Lincoln, held by the North Pacific Railway, to bring trains to the coast, was interested in its terminus. He came to Portland in 1868, heard of Nicholas De Lin, and asked his opinion. De Lin spoke very favorably of Commencement Bay, explaining the value of its deep bay and the flat stretches of land surrounding much of it.⁵

McCarver reported this information to Lewis M. Starr, president of the First National Bank, and its cashier, James Steele. They agreed to form a partnership with him in promoting a township on the described site. All three men came to Commencement Bay and took claims in the locality. Glowing letters to friends in the East, as well as Portland, soon promoted the sale of lots.⁶

In June of 1868 a millwright was sent north by a group of San Francisco businessmen in search of a sawmill site. Roughly two miles to the north of Commencement Bay was Chebaulip Bay, an Indian name meaning "a sheltered place." Job Carr and his two sons had filed claims here a few years before, and McCarver had bought some of Carr's property. Now the San Francisco man chose this site and bought land for a mill large enough to handle 40,000 feet of lumber per day. The first cargo, 600,000 feet, was shipped a year later. Many men came to work in the mill and logging camps. Ships anchored in the harbor. Chebaulip had industry, many people, and small businesses to supply them were springing up.⁷

The name "Tacoma" was first suggested in 1868, while McCarver and his friends were getting the new town to the south started. Chebaulip, which had grown rapidly with the advent of the mill, was referred to as "Old Tacoma" and the recent townsite as "New Tacoma," or "Tacoma."⁸

While the problem of getting over the Cascade Mountain Range was being solved, the North Pacific Railroad decided to start building up the coast from Kalama. By 1873, the line had reached Tacoma, which had been chosen as the northern terminus. About 250 Chinese who had been imported to work on the railroad lived in the town. The rest of Tacoma's population consisted of 125 whites (about a dozen of them women).⁹

The village claimed 300 citizens in March of 1880 and just three months later had grown to 720 while the old town had 383. The population boom was due for the most part to a newspaper, The Weekly Ledger, recently established by R. F. Radebaugh and H. C. Patrick. It was newsy and well edited, attracted territory wide attention, and lured people to the town.¹⁰

The year 1880 was momentous. The population had risen to 1,098. The county seat was moved from Steilacoom to Tacoma and the first bank opened.¹¹

Even the churches began to take notice of the expanding population. Back in New York City,¹² John Adams Paddock, 54-year-old rector of St. Peter's Church, was made the first Protestant Episcopal Missionary Bishop of Washington Territory. He had been graduated from the Cheshire School, from Trinity College in Hartford, Connecticut, and from the General Theological Seminary in New York City. He married Frances Chester Fanning of Hudson, New York, when he became rector of St. Peter's in 1855. They had nine children and five of them had survived, ranging in age from twenty-three to six.¹³

The beautiful rectory where the Paddocks lived was spacious with eighteen rooms, yet seemed crowded with the large household. Besides Bishop and Mrs. Paddock and their children were the Bishop's elderly mother, her nurse, the children's nurses, and other servants. The residence in Brooklyn was situated among other lovely homes about Prospect Park and luckily both the Paddocks had private means besides his salary to support their mode of living.¹⁴

"To say that the Bishop was a good man," wrote one who knew him well, "is language utterly inadequate. Unassuming and retiring in his nature, no one could know him well until admitted into the sanctuary of his home life, or brought into contact with him in the day of adversity or in the hour of trial. Then the beautiful characteristics of his godly life, and the tenderness of his affectionate heart were revealed. The more men knew him the more they loved him."¹⁵

Frances Paddock descended from a ruling elder of the Plymouth Colony, proved herself an excellent organizer and very active in community work--a woman of perception and sympathy.¹⁶ Entertaining parishioners and missionaries in their home, Mrs. Paddock was a gracious hostess and it seemed that there was always "open house" to their many friends.

And so, to this warm, friendly couple came the call to go west. A trip of such magnitude required organizing--correspondence, interviews, and planning. Mrs. Paddock was not concerned about leaving relatives and friends or uprooting her family. But she did wonder what lay ahead, and what was needed "out there." And surely "out there" must have seemed to her as remote as the moon!

The early spring of 1881 had brought much sickness to the fast-growing logging and sawmill town. Ships anchored in the harbor and seamen went ashore. Hard-working railroad men, loggers, and millworkers converged in the dance halls and amusement parlors. So did lice, fleas, bedbugs, and cockroaches. All met to spread or become victims of the many epidemics that struck the town. Smallpox, whooping cough, measles, malaria, typhus, pneumonia, and typhoid fever hit with varying impact.¹⁷

Typhoid plagued Tacoma for thirty years. The town's geographical location, rainy climate, poor pest control, and inadequate drainage system made it an ideal culture spot for the disease. Men seemed to be more susceptible than women, and the hardest hit age group was between fifteen and thirty-five. Storms caused wells and outside privies to overflow and run into one another--spreading human waste and carrying it to the sea. Clams and oysters fed on the waste and people ate the seafood, reinfecting themselves. What was not carried downhill by drainage was carried uphill by rats and other pests.¹⁸

Typhoid has an insidious onset, with temperature climbing to a peak of 104 degrees about the eighth day and remaining there for several weeks. There are skin eruptions as well as bowel lesions which ulcerate and hemorrhage. The patient is prostrated and emaciated, and, if death does not ensue, the convalescence proceeds slowly and often with relapses which incapacitate the patient for months.¹⁸

A sick man was fortunate if he had a place to lie down comfortably and keep warm and dry, let alone have anyone to care for him. There were no known graduate nurses (that is, women who had completed a course of hospital training in caring for the sick or injured) in the Territory of Washington at that time. Women with practical experience in caring for illness advertised their skills for home care, sometimes offering to do housework along with nursing. The price was from \$15 to \$25 per week. The local paper proposed a hospital where available nursing skills could be employed perhaps to care for many instead of one or two.¹⁹

Bishop Paddock had written his friend, the Rev. Dr. E. F. Miles, recently come from New York to be rector of St. Peter's Church in Tacoma, and the Reverend wrote back of the town's dilemma. Vancouver had a hospital established in 1849, and another in 1858. Seattle had started one in 1863, a Dr. Maynard caring for patients in his home; and it later became the Seattle Hospital. A hospital for the insane was established at Steilacoom in 1871, and, in 1877, the Providence Hospital was started in Seattle. Walla Walla opened St. Mary's in 1880. But Tacoma was too remote from any of them to be of service to the young community.²⁰

Learning of the community's need for a hospital, Mrs. Paddock set about planning and figuring a way to meet it. If the Bishop said it was needed, it was needed. From personal letters in the Washington State Historical Society Museum, the following was learned: she never referred to her husband as "John." In conversation and letters, he was always "Dear." To him she was always "Fannie." So she told her friends in Brooklyn that "Dear" said they badly needed a hospital out there. "Will you give me a brick?" They responded with donations--five hundred of them in all amounts.

They left New York by train shortly after the first of March, 1881. The trip which normally took ten days stretched into five weeks across the continent. In many towns ardent church people lined each side of the railway track, urging them to stay a few days, wishing them Godspeed, and adding contributions to the gifts already collected.²¹

They arrived in San Francisco and boarded a steamer for Portland. Mrs. Paddock caught cold on the trip and grew too ill to leave her stateroom. At the mouth of the Columbia River, she was lifted from her bunk to view the new country. When they arrived in Portland, she was carried to the carriage which took them to the home of Bishop Morris at St. Helen's Hall, a girls' school he had established. Bishop Paddock had planned on preaching his first sermon in Washington Territory on Easter Sunday, but it meant a ferry trip across the Columbia River, and, if they continued north, it would be by stagecoach to Kalama and then by train to Tacoma. It was out of the question. Fannie could not go.²²

Fannie Chester Paddock died of typhopneumonia April 29, 1881. She was buried in Vancouver, Washington Territory, where the Bishop had preached his first sermon. When news of her death reached Brooklyn, more gifts poured in and Bishop Paddock was determined to start the hospital and make her dream come true.²³

The Rev. Dr. Miles had seen much service in the City of Dublin Hospital and had practiced medicine in New York from 1872 to 1881 when he came to the coast. In view of this background, the Bishop asked the Doctor's help in choosing a site and planning the hospital, with Mrs. Miles to give good advice on furnishing and decorating. A spot was selected overlooking the bay on the corner of what is now Tacoma Avenue and Starr Street. A good-sized building which at one time had probably been a dance hall was available on the property. Paddock asked the Mileses to supervise the building's conversion. They were well chosen for the task.²⁴

The original indenture for the purchase of the property was signed on June 26, 1881, between A. H. King and Bishop J. A. Paddock, L. H. Wells,

J. F. Boyer, J. P. Hoyt, and George E. Atkinson, trustees of the Protestant Episcopal Church in Washington Territory. The cost of the property and building was \$450.²⁵

The Pierce County News of February 22, 1882, related:

An edifice built for other and far different purposes has been transformed into what will hereafter be known as "The Fannie C. Paddock Memorial Hospital". . . her desire and purpose to found upon this far western coast a Protestant hospital, free to the unfortunate who might require the ministrations of Christian Charity, while at the same time it shall afford a place of refuge and comfort to those who being for the time homeless, possessed the means to pay for the comforts of a home during their illness. . . As was touchingly remarked at the time of her death one glance at the promised land was vouchsafed to her and her freed spirit took its flight. . . It is believed that during Passion Week, the last week in Lent, it will be opened with appropriate religious ceremonies for its beneficent work, one year having elapsed since the death of the lady whose memory the building and its work will consecrate afresh.

The hospital buildings are situated on a gentle eminence something over a quarter of a mile back from the water front of Tacoma and command to the north and east a lovely panorama of the blue waters of the Sound, its fir-clad shores and of the Olympian range of mountains. The main building is 48 x 28 feet in dimensions. The visitor enters a reception room opening into a hall of ample dimensions. On the right hand or west side is the parlor, dining room and bedroom of the resident physician and Chaplain, Rev. E. F. Miles, M. D. and a room which it is intended to transform into a chapel. Opening out from the parlor is a handsome conservatory. On the east side of the ground floor are three private wards, the Bishop's room and the office and dispensatory. These rooms and the hall are 12 feet high, provided with patent ventilators, the walls covered with paper of cool neutral tints, and furnished with exceeding neatness and good taste. A bathroom with other appurtenances is also found on this floor. The second story contains five private wards on the east side and the general ward 40 feet long with six beds, with room for seven on the west, all being light, lofty and well ventilated. The bathroom is supplied with hot and cold water. A linen closet and smoking room and a rear vestibule complete the apartments on this floor. A spacious veranda runs along the entire length of the east and west sides and front of the building with a covering of the full width of the veranda, thus providing a sheltered lounging place for the convalescent and securing the walls of the building from dampness. Above the second floor is a spacious attic which if occasion requires can be transformed into a large and commodious general ward.

In the rear of the main building is a portion set apart for female patients, a one story house 34 x 28 containing four large private wards, nurse's room, bath room and large hall. This portion of the hospital

is finished and furnished with the same scrupulous regard for cleanliness, comfort and ventilation which characterizes the main building.

On the west side of the main building is the patients' dining room, kitchen, store room, etc., occupying a building 26 x 18 feet. In the second story are the bed rooms for the employees.

Some distance in the rear of this group of buildings is the fever ward where sufferers from typhus and kindred diseases can be isolated from the occupants of the other wards. The mortuary is also located in this part of the ground. On the southeast corner of the lot are located the stable and laundry house.

The main building is heated by a hot air furnace. On each floor is a 300 gallon tank of water fitted with hose attachments for use in case of fire. Water is supplied from unfailing natural springs. Particular attention has been paid to drainage, box drains and sewers having been supplied which with the abundant supply of water can be flushed with but little if any trouble if occasion requires.

The hospital grounds embrace about one half of an acre which will, as rapidly as circumstances permit, be graded and set in ornamental shrubs and trees.

We cannot close this notice of the Memorial Hospital without again adverting to the excellence of all the arrangements, the strict regard for the comfort of those who shall become its inmates, the neatness, indeed the elegance of all its appointments. Everything, furniture, beds, bedding and all else is new and clean.

The work of remodelling the building and preparing it for occupancy has all been done under the supervision of Rev. Dr. Miles and his estimable wife. It is plain to all that their hearts are enlisted in the work to which they have addressed themselves and that they have done gives earnest that they will prove to be the right people in the right place...

The expenditures so far made on account of the hospital amount to about \$5,500, all of which has been contributed by friends of the undertaking. The inclemency of the season, the interruption to the work caused by the epidemic of last winter have delayed the time of opening the hospital far beyond the period originally fixed upon. A few weeks however, will be sufficient to complete the work so auspiciously begun. The present buildings will answer all probable demands for a while, but they may be regarded only as a nucleus of a more imposing architectural pile which will sooner or later take their place. As they are, and as those to be erected hereafter may be, they will bear witness to the Faith and Hope in which they had their conception...

The need for the hospital was ever growing and Bishop Paddock was impatient to open it. What had seemed to be the work of two or three months stretched into seven. It was a very bad fall and winter and a severe epidemic

hit the city. October of 1881 was the beginning of a smallpox scourge that prostrated the community. It is not known how many cases there were or how many died. The town was shut off completely from communication with its neighbors. Trains ran through with windows closed, and at the wharf they entered a stockade in which the transfer of passengers to and from boats was made. Puyallup and Steilacoom established a shotgun quarantine to bar travelers from the stricken town. Money did not change hands and funeral services were quietly held at night. The old steamer Alida was used as a pesthouse.²⁶

Unfortunately, the first cases were misdiagnosed as chickenpox and Dr. F. H. Wing, the health officer, warned the public of the error. He literally killed himself trying to stamp out the epidemic by working night and day.²⁷

William P. Bonney, who later became secretary of the State Historical Society, was a pharmacist on Pacific Avenue. He set up a sulphur burning smudge pot in a back room of his store, and customers wishing to be fumigated breathed through a small hole in the door to the outside. The fee was twenty-five cents. Those who did not wish this treatment could ward off the disease by purchasing a small box of carbolic crystals to be carried in a pocket.²⁸

Finally, the badly needed hospital was completed and the dedication of the Fannie C. Paddock Memorial Hospital took place in St. Peter's just one year after her death, April 29, 1882. This church, erected in 1873, is still standing at the foot of Starr Street and holds services every Sunday at 5 P. M.

The little church was filled to overflowing with loggers, millworkers, townspeople, and clergy from Seattle, Olympia, Port Townsend, and their wives. Ladies from Seattle placed a cross of white hyacinths, calla lillies, and black and purple pansies near the altar.

The ad hoc congregation marched up the hill to the hospital and listened to Bishop Paddock pray, "Peace be unto this house and to all that may dwell in it."

The service closed with the Bishop saying,

We remember, before God this day, her in paradise in whose heart it was to build in this land, a house of mercy, who obtained the first gifts for it, of which the hospital now reared is made. I now declare this institution to be known as the Fannie C. Paddock Memorial Hospital, open and set apart for the healing of the body and the saving of the soul, and I invoke upon its work the blessing of God the Father, God the Son and God the Holy Ghost.²⁹

In 1883 Bishop Paddock wrote:

As the Memorial Hospital is located at Tacoma (though designed to be a general Institution of the Church), I may here say that it has been, during the year, doing well its blessed work, for the healing of the body and the saving of the soul. Last week I spent several days within its walls, and found thirteen patients under treatment. I learned

that 78 have been, for a longer or shorter period, inmates of the Institution, during the year that has passed since our last Convocation. I am thankful to add, that all its affairs seemed to me to be admirably managed by the Rev. Mr. and Mrs. Fair, Dr. J. M. Beardsley, the house physician, and "Sister Mary", all of whom have long been familiar with hospital work. Something has been given in this Territory in aid of the general work of this charity, and something towards the endowment of the "Children's Bed", and I shall rejoice if many more, parents, teachers and children, should feel it a privilege to cooperate in this work of love and mercy, so gaining the blessings promised to those who provide for the sick and the needy.³⁰

Appendix to proceedings of the Third Convocation of the Protestant Episcopal Church, June 27-30, 1883:

FANNIE C. PADDOCK MEMORIAL HOSPITAL FUND

Geo. E. Atkinson, Treasurer

		DR.
Sept., 1882	To Donation by Mrs. Fannin.....	\$ 10.00
	Hospital mite box	17.00
Nov.	St. John's Guild, Olympia.....	25.00
	Hospital mite box	6.00
	St. Luke's, New Tacoma.....	4.65
	St. Peters, Tacoma.....	15.05
Dec.	St. Paul's, Port Townsend.....	15.50
	St. Luke's, Vancouver.....	10.00
	Trinity, Seattle.....	22.55
Jan., 1883	St. John's, Olympia.....	7.50
	St. Paul's, Walla Walla	21.00
Feb.	W. B. Blackwell.....	25.00
March	Bishop Paddock.....	20.00
	Ladies' Auxiliary Fund, Tacoma.....	20.00
June 25	E. S. Smith, New Tacoma	20.00
		<u>\$239.25</u>

		CR.
Nov., 1882	By cash to Dr. Miles.....	\$ 26.00
	" " "	4.65
	" " "	15.05
	" " "	15.50
Dec.	" " "	10.00
	" " "	22.55
Jan., 1883	" " "	20.00
April	By cash to Dr. Beardsley.....	50.00
	" " "	50.00
		<u>\$213.75</u>
June 25, 1883	By cash on hand to balance.....	25.50
		<u>\$239.25</u>

During this time other monies and supplies have been given to the Hospital, and will be reported by the Superintendent.

Respectfully submitted,
Geo. E. Atkinson,
Treasurer

Initially, all or very nearly all the patients were men. The total for the first year was seventy-eight. There must have been summer months when just a few accident cases were in, and there must have been ten to fifteen patients in the winter months. At the start there were the Rev. and Mrs. Miles and whomever they could get to help. But help was hard to find, and few stayed any appreciable length of time.

The accident cases had to have bed care until they became ambulatory. If infection developed (and it usually did), there were hot packs to be applied. Malaria cases with fevers and drenching had to have bedding changed. Pneumonia cases and typhus, with raging fevers, wracking coughs, and more drenching, needed much bedding also. And, of course, the typhoid patients with their horrible suffering, and stools to be specially treated to prevent the spread of the disease.

There were men of all nationalities which meant that there was a language barrier. There were dispositions and superstitions to be coped with. There were outcasts, failures, and even criminals, as well as the daring and brave. There were many adjustments to be made by the patients and the hospital personnel to combat discouragement, homesickness, and verbal and physical disagreements.

The initial cleansing of a man admitted from the logging camps required patience and diligence as well as understanding, perseverance, and a strong stomach. Many of the patients were too ill or too badly hurt to be bathed when admitted. Parasites wandered off to find another host. Not many who elected to do hospital work were stoic enough to abide these adversities.

A young man who was admitted from one of the mills was George Smith. Originally from Monroe, Michigan, he had drifted west and wound up in the Fannie C. Paddock Hospital. While convalescing he found that he liked hospital life, helping with caring for the other patients, and stayed on after his recovery. More will be read about this man as his life was dedicated to the hospital, and, in turn, the hospital owes much to him.³¹

The principles of medicine and treatments were still in the rudimentary stages. Prepackaged pills and capsules were still far in the future, and doctors wrote prescriptions which the pharmacist compounded. Old, favorite drugs still used today guised in various colors were laudanum, ipecac, paregoric, nux vomica, belladonna, quinine, arnica, digitalis, ergot, and asafetida. "Tranquilizers in the form of bromides, chloral hydrate, morphine and spirits of frumenti, were common. Purging was evident by the prescriptions written for C. C. pills, aloes, jalap, calomel and for many other laxatives."³²

Note: Aspirin was not put on the market until 1899, then made its appearance very slowly as the age of the detail men and advertising did not truly emerge until the '20's.

It's no wonder that the Rev. Miles' wife broke down after the end of a year and they were obliged to leave for her health's sake. Bishop Paddock then asked

the Rev. William A. Fair and his wife to take over the church and hospital, with Dr. J. M. Beardsley as the house physician. A Sister Mary is also noted as being there, but it doesn't state whether or not she was a nurse.

The Rev. Fair and his wife remained just a few months. Then came Rev. D. H. Lovejoy and his wife, with Mrs. Lovejoy's sister, a Mrs. James. They stayed two and a half years.³³

The first physician to come to Tacoma was Dr. R. N. Lansdale, who arrived in 1869. Others named during the early days of the hospital were Drs. J. S. Wintermute, F. H. B. Wing, Bostwick, A. M. Ballard, and surely others of whom there is no record.

In 1883 there was a serious epidemic of diphtheria. The number of cases or how many died is not known. By this time there were 4,000 people in Tacoma. The last of 1,600 stumps had been removed from Tacoma Avenue, D and E Streets were being partially graded, and the town was slowly climbing up the hillside.³⁴

The transcontinental lines of the Northern Pacific reached Portland in 1883 and Seattle, in 1887. The Great Northern was completed to Seattle in 1893, and the Northern Pacific had already come up the coast to Tacoma in 1873. This opened the entire western part of the state to the lumbering industry. All this attracted a huge influx of new settlers. The population increased over 400 percent in the state between 1880 and 1894. Even the depressions of 1886-87 and 1892-93 failed to restrain the continuous growth.³⁵

By 1884 the population of Tacoma was a little under 7,000, which included 600 Chinese. On April 4, twenty-two phones were installed in Tacoma's business houses, probably the year that the hospital joined in the three-party line with the Old Tacoma Mill. The applicant bore all the expense which varied from \$50 to \$150 for installation, plus a flat bonus of \$10. Though installation was expensive, subsequent cost was not so great. The rate to business houses was \$6 a month. It remained at this figure until 1919 when it was raised to \$7. The number of phones rose to 487 by 1890.³⁶

In 1885 Bishop Paddock reported to the Convocation:

The Memorial Hospital, located here, under the care of the Rev. D. H. Lovejoy, M.D., has with a fair degree of success gone on during the year in its appointed work for the body and the soul; 118 patients have been cared for, all males. We have now arranged to receive some women, but this is done at inconvenience to the superintendent and his family, and the time, I hope, is not far distant when, with a larger building, we may have more complete accommodations for men, women and children. With joy and thankfulness to God and to Christian helpers, I am enabled to report that the Woman's Auxiliary of Long Island, N. Y., have made up the full sum requisite, three thousand dollars, for the endowment of a bed, and that some additions have been received to the fund for the endowment of a Children's Bed. I have also been informed that two residents of my native State have provided in their last will and testament that the Hospital shall receive \$200 from the one and \$2,000 from the other estate...

In 1886 the Rev. A. S. Nicholson took Rev. Lovejoy's place as superintendent of the hospital. At this time the cost per day to the patient was \$1.00.³⁷ In 1887 Bishop Paddock wrote in his report:

The Hospital has had, every year, a considerable number of free patients, so that not one of its Superintendents has been able to make income equal expenditure, without alms from the charitable. Something has been given in the Territory, but for most of the deficiency I have been obliged to look elsewhere. Two beds have now been endowed, by friends in Massachusetts and Long Island, and the interest from this endowment will be a great help. Several hundred patients have been cared for in the institution, and I hope that the last Great Day will reveal that a goodly number have been spiritually benefited by the daily ministrations of the Chaplains. Enlarged accommodations are much needed, at certain seasons of the year.

Many years later, in 1923, George Smith, still with the hospital, was reminiscing about the old days at the Fannie Paddock:

"Back in 1886-87," said George, "we used to buy oakum (loosely twisted hemp fiber impregnated with tar and used for caulking ship seams and joints) in one-pound lots and use it for fracture boxes. Nowadays we buy cotton in 1,000-pound lots for this purpose. I recall we had quite a time one day when we discovered that a mouse had built a nest in the oakum supply.

"We bought thermometers then one at a time and they lasted about one and one-half years. Now we buy them by the gross.

"At Thanksgiving time we sent a wagon around town and the good people donated gifts of food for the patients in the hospital. In this way we were able to give a regular Thanksgiving dinner.

"Our telephone in those days was on a three-party line together with the Old Tacoma Mill, and the Old Town drug store which was also the post office then. Naturally this arrangement didn't facilitate speed when the 'phone was urgently needed.

"We got our water supply from the mill pond of the Old Tacoma Mill. The mill pumped the water from the pond to a tank by means of a ram and used the water for its supply, but we were allowed to tap in on it.

"Necessarily our surgical work was somewhat crude and bandaging was not much of an art. We used to use lots of Plaster of Paris in those days, mixing it like mortar and slapping it on the cast after placing one layer of bandages around the limb. When the X-ray first came into use in more recent years, it used to take us one-half day sometimes to get a plate ready for the physician. Now we turn 'em out in 20 minutes from the time they're taken.

"No, things aren't like they used to be."³⁸

In 1886 the first streetlights were lighted on Pacific Avenue from Ninth to Fifteenth Streets. They were dim but they were lights. By 1887 the population

was 12,000. In seven years the population had increased 1,600 percent. On Thanksgiving Day, R. F. Radabaugh, founder of the Tacoma Ledger and, in later years, of the Tacoma Tribune, picked a bouquet of roses from his yard and sent them to the New York World (which paper was so amazed that they published a story about the roses and the Tacoma climate).

In 1888 the first street railway was operated on Pacific Avenue--horse driven. The first electric car did not appear until 1890, on the Point Defiance line.

The Pierce County Medical Society had its beginning on August 24, 1888, when eight physicians of Tacoma met in the office of Dr. J. S. Wintermute. Dr. Wintermute suggested the name under which it has since functioned, and also outlined the objects for which the organization should stand--that of the advancement of friendly intercourse among its members, for the cultivation and advancement of medical knowledge, and for promoting in a general sense the usefulness, honor, and best interests of the medical profession in Pierce County. The doctors who met in the Wintermute office to found the society were Drs. H. C. Bostwick, H. R. Garner, G. D. Shaver, H. J. Williams, H. W. Dewey, J. F. Beardsley, F. H. Luce, and J. S. Wintermute. Dr. Bostwick was elected the first president.

Pioneer physicians of the county taken into the society between the date of its organization and 1914, by years, included the following:

- 1888--Drs. Raymond Mitchell, F. S. Williams, Johnson Armstrong, J. M. Crump, and M. C. Smith.
- 1889--Drs. E. A. Stafford, E. L. Hills, F. L. Goddard, J. J. McKone, H. P. Tuttle, C. Quevli, T. F. Smith, M. F. Van Buren, G. C. Wagner, Charles McCutcheon, H. Galloway, N. J. Redpath, J. W. Waughop, P. B. Wing, J. W. Didson, Grant S. Hicks, W. W. McCormack, and E. G. Stratton.
- 1890--Drs. I. P. Balabanoff, M. L. C. Balabanoff, H. C. Sloggett, John T. Lee, James A. Beebe, Hamilton Allan, J. M. Everette, J. W. Hickman, Frank W. Harrell, J. H. Eigholz, Warren Brown, T. W. Musgrove, and A. M. Davenport.
- 1891--Drs. A. P. Parker, P. Frank, A. H. Coleman, E. M. Brown, R. F. Brodnax, and J. J. Philpot.
- 1892--Drs. A. E. Burns and Kimball.
- 1895--Drs. Deekens and P. B. Swearingen.
- 1896--Drs. J. L. Rynning, J. M. Corliss, O. W. Loughlen, and George A. Libby.
- 1897--Drs. T. C. Rummell and Charles E. Taylor.
- 1898--Drs. T. H. Merrill, C. P. Balabanoff, E. St. Clair Osbourn, F. J. Stewart, E. A. Trommold, F. J. Schug, R. H. Harrison, F. C. Miller, and Albert Osburn.
- 1903--Drs. A. deY. Green, James Keho, C. H. Kinnear, J. R. Brown, and C. E. Case.
- 1904--Drs. J. W. Bean, F. R. Hill, C. M. McCreery, W. B. McCreery, L. M. Perkins, W. D. Read, S. Sargentich, F. S. Lowell, William Douglass, John J. Sturgus, Frank A. Scott, J. H. Spencer,

- A. C. Stewart, W. B. Van Vechten, and J. W. Moore.
- 1905--Drs. Royal A. Gove, E. A. T. Weichbrod, R. S. Garnett, P. B. Brenton, E. O. Sutton, J. Regli, and W. N. Kellar.
- 1906--Drs. E. C. Wheeler, W. M. Karshner, Hans P. Dana, G. G. R. Kunz, A. S. Monzingo, F. W. Rinkenberger, A. E. Reynolds, Charles James, A. M. Flynn, and D. A. Gove.
- 1907--Drs. G. G. Agerton, John H. Sheets, H. B. Runnals, E. F. Pratt, F. J. Delaney, R. A. Bebb, B. H. Foreman, R. O. Ball, J. S. Hutchinson, W. V. Gulick, James P. Doughty, J. W. Snoke, E. S. Carlson, A. P. Calhoun, T. N. Bond, J. R. Robertson, and W. S. Chenoweth.
- 1908--Drs. S. W. Mowers, J. F. Griggs, F. W. Southworth, A. E. Goldsmith, A. W. Bridge, C. S. Wilson, W. A. Monroe, O. M. Clay, J. A. LaGasa, J. W. Cline, Josiah Jones, E. O. Crokat, B. E. Drake, E. W. Janes, and J. S. Smeall.
- 1909--Drs. E. A. Rich, A. E. Braden, F. M. Pfifer, and H. S. Argue.
- 1910--Drs. Sidney M. McLean, Charles D. Hunter, E. A. Montague, Mary Perkins, C. J. Brobeck, Burton E. Paul, W. W. Pascoe, Thomas R. Steagall, Evan Hyslin, William G. Cameron, William R. Whitnall, and W. C. Tymms.
- 1911--Drs. R. C. Shaeffer, A. G. Nace, R. H. Lanning, E. E. Laws, H. R. Green, L. B. Ashton, C. H. DeWitt, Jr., and D. K. Thung.
- 1912--Drs. G. M. Steele, W. B. Penney, Thomas H. Long, Thomas B. Curran, Edwin M. Brown, Raymond C. Morse, H. J. Whitacre, J. M. Thueringer, B. X. Corbin, and J. O. Post.
- 1913--Drs. J. W. Bean, T. B. Carter, Whiting Mitchell, and Guy O'Neil Ireland.
- 1914--Drs. J. P. Kawe, L. B. Sims, K. Ito, W. J. Henry, and S. D. Barry.⁴⁰

The Tacoma Daily Ledger of November 3, 1888, reported forty-eight patients in the Fannie C. Paddock Memorial Hospital, of which thirty-two were typhoid cases. Eighty-one cases of typhoid were treated at the hospital so far that season, and only three were fatal.

In the same paper Dr. Miles begs to acknowledge receipt of apples, pears, and plums from Mrs. Pradish, Mrs. Walters, and Mrs. Bentley. June 28, 1889, the Rev. Dr. Miles made a report as follows:

Admitted from May 10, 1888, to June 10, 1889.....	501
Number of Deaths.....	48
Cases of Typhoid Fever	184
Number of Deaths.....	16
Admitted from April 29, 1882, to May 10, 1888.....	751
Deaths.....	60

The Hospital is now free from debt; old stable moved over and land-
ing built; 2 new wards to accommodate 15 patients; added story accom-
modating 2 more; better ventilation; old brewery occupied by male help

giving 4 beds for patients; beds, 25, mattresses, spring wire woven, and feather pillows, now fit for removal to new Hospital; 52 beds and bedding; more blankets needed; heating appliances, put in two new furnaces and registers, one from Wm. Wheelwright.

1907--Drs. G. A. Allen, John H. Shesler, H. B. Runnels, E. E. Pratt, F. L. Delaney, R. A. Bess, B. H. Foreman, S. O. Ball, J. S. Hutchinson, W. V. Gantt, James P. Dondy, J. W. Snoker, E. S. Carlson, A. F. Carlson, T. N. Bond, J. R. Robertson, and W. S. Chaworth.

1908--Drs. S. W. Mowers, J. E. Griggs, T. W. Southworth, A. E. Goldsmith, A. W. Bridge, C. S. Wilson, W. A. Monroe, O. M. Clay, J. A. LaGasse, J. W. Child, J. L. Jones, E. O. Croker, E. E. Drake, E. W. Jones, and J. S. Small.

1909--Drs. E. A. Rich, A. E. Bruden, T. M. Miller, and H. S. Ayers.

1910--Drs. Sidney M. McLean, Charles D. Hunter, E. A. Montgomery, Mary Perkins, C. J. Brobeck, Burton E. Paul, W. W. Patton, Thomas R. Steagall, Evan Hewitt, William G. Cameron, William R. Whitall, and W. C. Tyrone.

1911--Drs. R. C. Sasser, A. O. Mader, R. H. Lanning, E. E. Law, H. R. Green, L. B. Ashton, C. H. DeWitt, Jr., and D. K. Thayer.

1912--Drs. C. M. Steele, W. B. Penney, Thomas H. Long, Thomas E. Carran, Edwin M. Brown, Raymond C. Morse, H. J. Whitaker, J. M. Thacker, B. K. Corbin, and J. O. Paul.

1913--Drs. J. W. Bean, T. B. Carter, William Mitchell, and Gay O'Neil.

1914--Drs. J. E. Kave, L. B. Sims, K. Ico, W. J. Henry, and S. D. Barry.

The Tacoma Daily Ledger of November 3, 1888, reported forty-eight patients in the Fannie C. Padlock Memorial Hospital, of which thirty-two were typhoid cases. Eighty-one cases of typhoid were treated at the hospital so far that season, and only three were fatal.

In the same paper Dr. Miles begs to acknowledge receipt of apples, pears, and plums from Mrs. Pradhan, Mrs. Walters, and Mrs. Bentley June 28, 1889. The Rev. Dr. Miles made a report as follows:

Admitted from May 10, 1888, to June 10, 1888	301
Number of Deaths	48
Cases of Typhoid Fever	184
Number of Deaths	18
Admitted from April 19, 1888, to May 10, 1888	151
Deaths	60

The Hospital is now free from debt; old stable moved over and land left; 3 new wards to accommodate 15 patients; added entry room; modernizing 3 more; better ventilation; old brewery occupied by male help.

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CHAPTER TWO

THE small hospital on Starr Street was hard put to cope with the expanding population. Horse-and-buggy transportation (and rainy weather) made travel difficult along the by-now several miles of waterfront industrial and housing sites. New Tacoma had far outgrown Old Tacoma. The Bishop realized that there was definitely a need for a new building in a more centralized location and that he must have help to manage its affairs. So he consulted with several area businessmen. They met the 19th of July, 1887, and drew up the articles of incorporation of the Fannie C. Paddock Memorial Hospital.¹

It was decided that the president of the corporation would be Paddock and that the office would automatically go to his successors as Bishop of the Protestant Episcopal Church of Washington Territory. George R. Delprat was named secretary. Other members of the fifteen-man board were Rev. L. H. Wells, J. M. Buckley, J. W. Sprague, W. J. Thompson, Rev. Albert S. Nicholson, Dr. H. C. Bostwick, James M. Ashton, Judge Ira A. Towne, Frederick Mottet, George E. Atkinson, J. C. Mann, W. D. Tyler, and W. B. Blackwell.²

C. B. Wright of Philadelphia, at one time president of the Northern Pacific Railroad and later a board member, was vitally interested in the growth of Tacoma. He was one of the organizers of the Tacoma Land Company and was later thought by many to be the father of the city because of his generosity and farsightedness. He had donated \$50,000 to Bishop Paddock toward the building of Annie Wright Seminary, \$35,000 for the building of St. Luke's Church, deed to the land for Wright Park, and prevailed upon his Tacoma Land Company to donate a block of land for the building of the new Fannie C. Paddock Memorial Hospital.³ It is said that a block between Third and Fourth Streets on South I was first suggested and was foolishly turned down as it would have had the park for its front yard. However, the choice of a parallel location on J Street proved to be even more felicitous as witness the expansion of the '70's.

Donations were solicited and cards were sent out which read, "The hospital asks offerings that its daily wants may be met, that beds may be endowed, and that a new and larger building may be erected during the year. \$30.00 pays for board, nursing care, medical attendance, etc., for one month; \$300.00 for one year; \$3,000.00 makes a perpetual endowment of a bed." There were gifts of \$500 each from Abraham Gross, Nelson Bennett, Allen C. Mason, and Isaac Anderson, and many other smaller donations. The greater part of the needed money was raised through subscriptions and

by mortgaging the old property.⁴

Bishop Paddock again turned to the Reverend and Mrs. Miles to supervise the construction and planning of the new building and to relieve the Reverend Nicholson, in frail health and wishing to retire. Dr. Miles reassumed the duties of chaplain and rector of St. Peter's but was soon allowed to devote his full time to the hospital where it was so sorely needed and appreciated.⁵

The new building was completed in November of 1889 at a cost of \$35,000. It was an imposing gray frame structure, four stories high and large enough to house a hundred patients, the interior painted white from top to bottom.⁶

As reported in the Tacoma Daily Ledger, November 24, 1889:

"We are in a delightfully unsettled condition, as you will observe, but with time, patience, and industry we hope to have everything properly arranged. You are quite welcome, however."

Such was the cordial greeting tendered a Ledger representative at the new Fannie C. Paddock Memorial Hospital yesterday, November 23rd. In part the speaker was quite correct but considering the fact that the removal from the old hospital to the new was accomplished while the painters, carpenter, plumbers, and glaziers were still at work, and in a remarkably short time, great allowance should be made.

"We are just congratulating ourselves," said Mrs. Dr. Miles, "on our success in removing the patients. They are all here excepting 19 and those will be brought over on Monday. No relapses occurred, neither was there a single mishap. We feel so relieved. Do you desire to look through the building?"

Replying in the affirmative, the reporter was shown through the structure from ground floor to attic. The citizens of Tacoma have reasons to be proud of the Fannie C. Paddock Hospital. Its architectural design was an admirable one and the plans of the artist have been faithfully carried out. The buildings are beautiful and attractive on the exterior and the interiors are finished and furnished on the most modern plans now proposed for hospitals. Finishing touches are yet to be given but comforts and conveniences which have not already been supplied have, in a measure, been provided for.

To the left of the main entrance (J Street side) on the ground floor is a fine dispensary which communicates by single doors with one large waiting and two consulting rooms. The dispensary is open daily and for the present is in charge of Dr. Miles. In the rear part of the building on this floor is a boiler room, kitchen, bakery, wash and bathrooms, all supplied with the best appliances. With commendable aforethought, the superintendent has fitted and nicely furnished a large commodious reception room or parlor where the help about the institution may congregate and visit or receive their friends. The apartment is well lighted and neatly furnished, making an inviting retreat.

Passing to the first floor, the superintendent's parlor and the bedroom, comfortably furnished, are found to the right of the main entrance,

with the superintendent's office directly opposite on the left side of the corridor. Immediately to the rear of this room is a large area reception room, prettily carpeted and supplied with upholstered furniture of a popular pattern. Next to this is the prophet's room, and it was aptly suggested by our informant, that the apartment could be readily transformed into a profit room when an occasion demanded. This chamber is a spare or best room and will be placed at the disposal of guests of the management or friends of patients who may spend the night in the institution. To the rear of the superintendent's parlor, is the matron's room and next to this a private dining room. In short, the north side of the first floor in the main building is set apart for the private occupancy of the superintendent. Two large dining rooms capable of accommodating 75 persons are found in the first floor in the south ell. These rooms will be used for convalescents and in their construction, particular care was exercised to make them light and cheery. The walls of the several rooms possess no decoration but are bare and glistening white. Pictures of suitable engravings would greatly relieve the monotony of their appearance and would be thoroughly appreciated by the patients. Contributions of this nature would be very appropriate.

The second floor is set apart for private patients and accommodations vary according to the size of the sufferer's bank account. There are 24 apartments in this ward embracing large and small rooms. Four of the apartments are supplied with private baths and other conveniences. The southeast corner room is luxuriously furnished by Mrs. H. S. Huson, wife of Asst. Engineer Huson of the N. P. Railroad. From the large windows of the room a magnificent view of Commencement Bay and Mt. Tacoma can be had and the morning sun can find every nook and corner of the apartment.

The attractions of the room on the opposite side of the hall are equally as great. In fact, inviting views are presented from all the apartments of the main building. Mrs. Dr. Miles has characterized the top floor as the Post addition for the reason that Dr. Post was mainly instrumental in having the plans for the roost changed from ordinary plan to that of a domicile. This ward will accommodate 16 women. It is provided with bathrooms, closets, and other conveniences. A cozy little dining room is connected with the kitchen below by a dumbwaiter and a speaking tube. This ward, as should be the case, is by far the most desirable and attractive part of the building for the view of the surrounding country is superb. The eye can wander for miles out over the bay, the Cascade Range with its snowcapped peaks and the matchless Mt. Tacoma form subjects for interesting study. Rooms are not yet furnished but the plans call for all that will add to the comfort and care of the sick. The bedding consists of woven wire springs, hair mattresses and an abundance of healthy bedclothing to which friends of the institution are gradually adding in the way of contributions.

A most excellent feature of the building is its splendid system of heating and ventilation. The structure is heated throughout by steam and every room possesses a radiator. Cold air registers are planted in the

hallway floors and large, easily adjusted transoms are found over each door. The plan of the building, the arrangement of the ventilators, is such that the entire structure can be changed at 5 minutes' notice.

"And what do you think of these hallways? I consider them grand," said Mrs. Miles, and the Ledger representative was altogether in accord. "The halls are broad and deep, with high ceilings and wide staircases leading in easy flights from ground to top floor."

"This gaping hole in the floor," said our guide, "is the elevator shaft and if we don't slip up in our calculations, this hospital will be furnished with one of the best elevators that can be had. In fact, the order has already been placed. It will be sufficiently large to accommodate a stretcher and several persons so that the injured or afflicted can be transferred up and downstairs with but little pain or inconvenience. We expect to have the elevator placed in position in a very short time."

"One of the greater expenses, as you may well imagine," continued Mrs. Miles, "is that of heating the building. Almost a ton of coal is consumed daily and it draws dreadfully upon our bank account. If some kind, generous coal mine owner will deliver a carload of the black diamonds at the depot at Tacoma, we will gladly pay the cartage from that point to our coal bin. We can assure you that the gift would be fully appreciated."

Recollecting the several terrible hospital fires which have been chronicled in this country within the past 3 years, the reporter naturally put the question of fire protection to Dr. Miles. Said he, "Coiled hose and a king fire extinguisher will be placed on each floor and just as soon as we get settled, the help will be organized into the fire brigade and regularly drilled. Hydrants are placed near the building and we have arranged to send in alarms to the several fire corps immediately, upon discovery of flames. Of course, this matter will receive our constant attention."

The original hospital plans provided for the erection of 10 pavilions, an operating room and a chapel in the rear of the main building and the plans will be executed as fast as necessity demands. The pavilions will be constructed on a line forming a semi-circle with the ends of the segments connecting with the main building. Three of these pavilions have already been erected and they are models in their way. Each is provided with a washroom, bathroom, closet and storeroom and will accommodate 16 patients. Large plate glass windows flood the rooms with light and pure air gains admittance through well arranged ventilators. Registers in the ceiling permit foul air to easily escape.

One of these structures is called the women's pavilion for the reason that the funds employed in the construction were furnished by the Women's Aid Society. The beds in the pavilions are of the same material as in the main ward. A covered plank walk leads from the main building to the additions and the patients can walk from their wards to the main dining rooms without being exposed to the elements. The operating room and the chapel will occupy the center of the semi-circle and work on the former will begin at once.

"Rome was not built in a day, you know, my dear sirs," said Mrs. Miles, "Neither can we accomplish in a fortnight all that is to be done here but we will gradually get there. A pavilion will be erected in the near future which will be furnished with porcelain beds which will practically prevent the spread of any contagious disease. Persons suffering from dangerous fevers will be cared for in this ward. You will notice that all the baths are made of porcelain and the main building, together with the pavilions, are supplied with hot and cold water. In the main building 40 patients can be accommodated and this number will be enlarged upon in case of a rush. Each of the pavilions will accommodate 16 and the entire institution about 200 as soon as the other pavilions are erected. In the care of the sick, 11 male nurses and 1 female nurse are employed and it may be mentioned that the men are exceptionally clever nurses. Most of them have, in time past, grappled with fevers in the most malignant form and their experience has especially prepared them for ministerial capacities in cases of sickness."

The cost of maintenance of the hospital, including shelter, nursing and physician's care, varies from \$14 to \$25 per week. The unfortunate who struggles for health and has seen a series of defeat will not receive the same luxuries that will be doled out to him of the larger purse, but his comfort and medical care will be just as much the solicitude of the superintendent and the corps of physicians... (This man would probably occupy a pavilion ward, have his bed made with mended linen, possibly do with less than a daily bath, and no doubt have nourishing if not as palatable food as he of the larger purse.)

"Admittance is secured," said Dr. Miles, "either by letter or personal application. We never turn an applicant away. When the sufferer is too poor to defray his own expense, the Board of Supervisors is notified and if the patient has resided in the county 6 months, the county assumes the expense for his care and it may be said that Pierce County supervisors have been very generous in this regard. They have never refused to relieve a sick person, even if he has not been a resident of 6 months standing. The institution has contracts with several of the large mills to care for those who may be injured while in the employ of those companies. The convalescents are permitted to amuse themselves in any way they may feel inclined." In passing through the pavilions yesterday, the reporter noticed several engaged in the seductive games of Old Sledge, Pedro, and Euchre. Others were playing checkers, backgammon, and some were reading newspapers and periodicals.

In reply to an inquiry, Mrs. Miles said, "We shall hold a reception on January 1st and the formal dedication on April 29th, the ninth anniversary of Fannie C. Paddock's death. By that time we hope to have the institution in prime running order. We need an ambulance and several invalid chairs. The freight and \$100 on the ambulance has been promised, but \$400 more is needed to secure the vehicle..."

In another Ledger article of August 28, 1889, telling of the plans of the building, it stated that one of the innovations of the new building would be the availability of electric and medicated baths. The original plans for the building had called for brick, but it was decided to make it an entirely wooden building as wood does not draw and hold the dampness as much as brick. The first Fannie Paddock property and buildings on Starr Street were listed for sale at \$10,000.

The hospital was built to face J Street, but, as the above article indicates, the ground floor was mostly maintenance and, thus, visitors and doctors had to climb the winding, circular stairway to the floor above which was considered first floor. To get to the patients meant climbing the inside stairway to the floor above that. Naturally, everyone made the habit of using the rear or K Street entrance. Six years after opening, in 1895, tracks were laid on K Street for a streetcar. Mr. Alexander Babbit attests to this date as he was a streetcar fan when a little boy and even remembers the number of the car, 17. The first cars ran from South Eleventh to North Twelfth and were later extended farther north to reach the College of Puget Sound district.

Just five weeks after moving into the new building, the Tacoma Daily Ledger of January 5, 1890, carried the headlines, "FLAMES AMONG THE SICK--FIRE BREAKS OUT IN THE WARD AT FANNIE PADDOCK HOSPITAL. ALL OF THE PATIENTS RESCUED."

About seven o'clock that morning the patients in the middle unit of the sixteen-bed pavilions saw the roof above them catch fire. There was snow on the ground, and it was so cold that the stove had been burning to capacity. The accumulated soot in the stove and chimney took flame and spread through the roof.

The Ledger reported:

At the moment the danger was known, Mrs. Miles became a general. She summoned the whole force of the household, about 16 men, and sent a prayer for help to Burlingame's camp, only a few rods away, and in a moment many willing hands were at work, ready to brave anything to save the helpless. After a few hurried words of direction, she ran to the telephone and sent an alarm to the fire department and to the court house; then she hurried back to the scene where her leadership was most needed. It was in the middle one of the three pavilions that the fire broke out. In it were 16 patients who were either awaiting the surgeon's knife or had just undergone some operation. In the third pavilion on the other side were 17 men down with typhoid fever and some of them sick almost unto death. In front of the three was a platform connecting with the large porch at the rear of the main building in which there were no steps. The 16 attendants and the rough handed workmen from the camp began removal of the patients. Those in the middle row first were rolled out in their beds, down the platform to the rear of the main building. Then those in the two other wards were taken out in the same way. The wind freshened as the flames crept along the roof blowing toward the main building and it was thought that, too, must go.

The patients could not be taken into this place and left there to the flames and a line was formed from the porch across the hospital grounds. One by one the patients were lifted in their beds from the porch and carried out into the snow. As each bed passed into the open air, an attendant threw upon it an extra double blanket and when the kindhearted workmen from the contractor's camp set their burdens down, gentle voices and soft-handed women went among the cots ministering to every want. . . From the upper floors of the main building, the patients were carried downstairs and by this time a line of carriages was in waiting in front of the hospital, ready at the moment the main building caught fire to take all to other quarters. Soon the wind changed, the fire department had been able to get water, and there was no further danger.

The forty-or-so patients carried out to the grounds were taken back to the unharmed pavilions, and those from the burned pavilion were placed in the main building hallways. There were eighty-three patients in all at the time. No one had been burned, and Dr. Miles reported the next morning that no one had seemed to suffer any ill effects.

It was a miracle that the entire institution was not swept away. Like the great majority of Tacoma houses, the buildings were mere frame shells. Considerable discussion took place at city hall the next few days as to why firemen were unable to get water up the hill.

And so the Fannie C. Paddock Memorial Hospital was saved. But the burned pavilion was considered a total loss of \$1,500, with insurance of \$300. The difference was sorely felt.⁷

Admissions for the years 1882 to 1888 totaled 708. At the end of the first year of the second hospital, the total mushroomed to 1,155. There was no doubt that this new building with its one hundred beds was badly needed.⁸

The policy continued to be to care for every person regardless of his ability to pay.⁹ This made it necessary to continually seek donations. It was the practice at Thanksgiving time to send a wagon around town to pick up gifts of food.

"The following modestly worded circular found its way to the Ledger office," is reported on November 14, 1889. "It is brief but expressive and to the point:

'As the Thanksgiving season approaches we gratefully remember the generous kindness of the people of Tacoma last year and again we plead for their contribution for the sick. 561 patients have been admitted to the hospital since last Thanksgiving and now in our new building with increased accommodations and comfort, doubtless a much larger number will require our care. Among the manifold blessings of the past year, remember those who have been less fortunate and receive an added blessing yourself. Contributions in money or in kind may be given to the authorized solicitor who will call, or send to W. C. Gowland, Pacific Avenue, or to

the hospital. Contributions will be called for if friends will kindly notify us any time during the week.

Rev. E. F. Miles, Supt.

Fannie C. Paddock Memorial Hospital'''

The Tacoma people responded. A typical collection was one barrel of flour, one case claret, one tub butter, one case coal oil, two bottles of another wine, one tub apple butter, homemade cake, five gallons port wine, one dozen gallons of whiskey, and fifty pounds of granulated sugar.¹⁰

The thoughtful donor of the huge amount of whiskey realized its need. It was used as a stimulant. There were no intravenous feedings, no transfusions for the accident cases, and it was given to typhoid patients with small, hourly feedings for nourishment. Also, there was many a burly logger or seaman who preferred whiskey to the dreaded anesthetics.

Hospitals do not remain static. There is always internal change. There must be more room made for this--or this department would be handier there. Just five months after settling into the new building, changes were already contemplated. Mrs. Miles related in the Tacoma Daily Ledger of April 9, 1890:

At present there are about 40 patients receiving treatment, which is the smallest number for some time... Last fall there was much typhoid fever, followed by the grippe and pneumonia. The atmosphere now appears to be clarified and the sick list quite small. The majority of the cases at the hospital have involved surgical operations and are fortunately doing well. This is a testimonial to the surgical skill and nursing given the sufferers. The Italian who was stabbed several times about a month ago is convalescing rapidly. He has lost the use of the injured lung, having sluffed it entirely out through the wound. The other one, however, is in good condition. A man from Fairhaven came in recently with his left eye destroyed but the right one will be saved. This injury resulted from an explosion. Another man, who was received Monday with a crushed foot, has been so treated that he will not lose the use of the foot. There are no fever patients in the hospital at present.

A dispensary soon to be established at what has been the surgical operation room, will be used for this new purpose--the latter being removed to the first of the three pavilions...

So the dispensary was moved up from the ground floor because it proved too far to run for drugs. There is no living person who can recollect the surgery or dressing room being in one of the pavilions, so this very likely did not come to pass, just as a chapel did not materialize until many years later.

Mrs. Miles also endeavored to raise sufficient money to fence in the ample grounds in order that sod could be put down and grass seed sown. The main hall in the private ward was soon to have a carpet of linoleum, which would deaden sounds and yet not allow disease germs to collect. In

the meantime, little girls of St. Luke's conducted a flower mission during the summer months to keep the hospital supplied with flowers and beautify the patients' surroundings.¹¹

During the year from April 1, 1889, to April 1, 1890, admissions increased to 636. The financial report for that year:

Total cash received.....	\$18,702.35
Expended for repairs and furnishings	4,993.93
Current expense.....	13,373.43
Cash balance on hand.....	<u>334.98</u>
	\$18,702.35
No. patients paid self	221
No. patients paid by contract.....	177
No. patients paid by county	183
No. patients paid by Hospital ticket.....	11
No. patients free	<u>38</u>
	636
Total patients admitted since opening	1,791

Reported to Protestant Episcopal Church Convocation:

Tacoma, Washington, June 1, 1891

Patients admitted June 1, 1890, to June 1, 1891.....	633
No. of patients free.....	31
No. of patients died.....	32
Receipts, June 1st, 1890, to June 1st, 1891.....	\$16,662.95
Cash balance on hand.....	<u>381.12</u>
	\$17,044.07
Expended June 1st, 1890, to June 1st, 1891.....	16,912.34
Cash balance on hand, June 1st, 1891.....	<u>131.73</u>
	\$17,044.07

E. F. Miles, M.D., Superintendent

The Rev. Dr. Miles and his wife left in 1891, and Bishop Paddock was able to procure the services of Dr. Charles McCutcheon--first as house physician and later as superintendent of the hospital. He was described as a genial, jovial Irishman with a magnetic personality that endeared him to patients and all who came in contact with him. He was the first man not of the Episcopal clergy to act in this capacity.¹²

In the report to the Episcopal Church Convocation for 1892:

REPORT OF FANNIE C. PADDOCK MEMORIAL HOSPITAL

Tacoma, Washington, June 1st, 1892

Executive Committee

Rt. Rev. John A. Paddock, D. D., President
 Rev. John Dows Hills, Vice President
 Geo. R. Delprat, Secretary
 Chester Thorne, Treasurer
 Chas. E. Marvine

House Physician, Chas. McCutcheon, M. D.; Matron, Mrs. J. W. Sadler; Chaplain, Rev. Vincent C. Lacey.

Medical and Surgical Staff

Dr. G. C. Wagner, Chairman	Dr. Grant S. Hicks, Sec.
Dr. H. P. Tuttle	Dr. Jas. R. Yocom
Dr. G. D. Shaver	Dr. T. F. Smith
Dr. Hamilton Allan	Dr. A. H. Coleman
Dr. H. W. Dewey	Dr. F. L. Goddard
Dr. H. J. Philpot	Dr. C. Quevli

Patients admitted during the year ending June 1st, 1892, were as follows:

F. P. Hospital Report

Nativity	Religion
United States160	Lutheran..... 103
Sweden 43	Roman Catholic..... 86
Ireland34	"Protestants"..... 64
England 32	Episcopal 38
Germany..... 27	Methodist 37
Norway..... 26	Presbyterians 30
Canada 21	Baptists..... 13
Scotland 16	Congregational..... 3
Finland..... 7	Christian 3
Denmark..... 6	Hebrew 3
Russia..... 3	None..... 10
Australia 6	Unknown..... 12
Italy..... 3	Total..... 402
Japan..... 2	
Wales 2	
France 2	
Spain..... 1	
Poland..... 1	
Tasmania 1	
Bohemia 1	
New Zealand 1	
India 1	
Roumania 1	
Sandwich Isles..... 1	

Nativity, Religion Report--continued:

Unknown.....	<u>3</u>
Total	402

Sex--Males.....	269
Females.....	<u>133</u>
Total.....	402

Civil Condition--Married	86
Single.....	303
Widows	9
Widowers	<u>4</u>
Total.....	402

Dispensary patients, Sept. 1, '91 to June 1, '92.....	157
Number of free patients, June 1, '91 to June 1, '92	72
Amount of charity work if paid for	\$2,100.00
Died	24

During the year the hospital grounds have been improved, and present a very attractive appearance. There has been spent on these improvements \$967.26 of which amount \$248.95 has been raised by special subscription.

Chas. McCutcheon, M. D.
House Physician

The above statistics serve to demonstrate that Tacoma was a shipping port of some importance by now. It is understandable that so many seagoing men and lumber workers were unmarried.

Dr. McCutcheon exerted every effort to increase the hospital's revenue. There is one reference in 1894 to the fact that board members met with county commissioners to obtain the contract for county patients. The county at that time was paying eighty cents per day for their care and the Fannie Paddock would care for all except contagious cases at the rate of sixty cents per day, which figure would still allow for a slight margin of profit for the hospital.¹³

A small city-county hospital had been established in 1889 but was inadequate to care for the number of charity patients as records of the Fannie Paddock show charity work done over all its history, extending up to the present day. The larger Pierce County Hospital was not built until 1926.¹⁴

In 1889 Washington Territory became a state. The population of Tacoma by 1890 was 36,000.

The population of the state had increased by such numbers that Bishop Paddock's work overseeing the church and its activities was an enormous task for one man. The growing city of Tacoma and the growing hospital were a strain. He lost his private means in the panic of 1892-93 and this worry added to his failing health. His friends urged him to retire but it was impossible. While returning from the General Convention of 1892, he suffered

a stroke and later went to Southern California in interest of his health. He died March 4, 1894, at Miramar, California. He was brought back to Tacoma and buried in Tacoma Cemetery, March 13, 1894. Mrs. Paddock was brought from Vancouver on January 28, 1895, and reinterred beside him.¹⁵

The Rt. Rev. William M. Barker was appointed by the Episcopal Church to take Paddock's place as Bishop of the Protestant Episcopal Church of Washington.¹⁶ As stated in the articles of incorporation, this automatically made Bishop Barker president of the board of trustees of the hospital.

The financial problems of the hospital continued. With the death of Bishop Paddock the subscriptions from his eastern friends ceased and charity work represented about one third of the hospital services.¹⁷

Dr. McCutcheon thus was harassed by finances, too. In October of 1894 there appeared a pamphlet--just one single sheet folded over to make four pages about 8 x 5 inches. It was Volume 1, No. 1, of "Hospital Messenger," to be published quarterly. Dr. McCutcheon was editor. Practically the whole little paper was an unabashed plea for donations--and promptings to think of the hospital in a Christian and charitable manner. The subscription price was twenty-five cents a year. Why the "Hospital Messenger" failed after the first issue is not known. Just one copy has been seen and is in Tacoma General's vault with other valuable historical items.

The first page had a picture of the hospital and listed trustees, the executive committee, and members of the medical and surgical staff. The back page was taken up by advertising, a few of the clients being Metropolitan Savings Bank, National Bank of Commerce, Kachlein, the Scientific Optician, Pioneer Binding and Printing Co., and Lawrence Brothers, general agents for Majestic Steel Ranges.

The first article was one of explanation: that the little paper was published in the interest of the sick and needy, with the aim of opening the eyes of those who were well and blessed with plenty to see those around them who were sick and in need.

Following was a plea for every church and Sunday school to set aside a "Hospital Sunday" in which the Christian principle of helping the needy would be taught.

A resume of three months' hospital work was very interesting:

During the quarter ending August 31st, there were 115 patients treated in the Fannie Paddock Hospital. The following operations were performed: Coeliotomies:--Exploratory, 2; Extra Uterine pregnancy, 3; Removing Ovaries, 3; Excision of Uterus, 1; Cancer of Pylorus, 1; Appendicitis, 5; Amputations--leg, 1; toe, 1; thigh, 1; hip joint, 1; fingers, 5; Dilating and Curretting Uterus, 5; Trachelorrhaphy, 2; Fistula, 1; Perineorrhaphy, 1; Excision of head of femur, 2; Stretching Sciatic Nerve, 2; Strangulated Hernia, 2; Cataract, 1; Hemorrhoids, 1; Confinement, 1; Sinus in Ano, 1; Plastic Operation for restoring scrotum, 1. (Note the number of amputations, probably because of infections and no antibiotics.)

Next is a long list of acknowledgements of donations including books, strawberry jam and old linen, tray cloths, bottles, fountain syringe, water

bag, and tray cloths. Nothing given failed to receive attention even down to "flowers from Mrs. Underwood and two little girls."

The list of things needed shows down-to-earth want:

Swiss muslin for curtains; rugs for about 12 bedrooms; bed blankets; men's woolen shirts and drawers, socks, slippers and cotton handkerchiefs; knives and forks, plated cups and saucers; dinner-ware plates; soaps, white and castile; safety pins and needles; thread and darning cotton; bleached cheese cloth; unbleached muslin and old linen; pictures for walls of rooms, provisions.

Being close to the holiday there is a Thanksgiving Day appeal: "If a solicitor calls upon you treat him kindly and generously," just one of the admonitions in a long paragraph.

Dr. McCutcheon was truly expecting manna from heaven, but he was not above pulling heartstrings to get it down.

In 1895 the articles of incorporation were amended to include the mayor of Tacoma and the chairman of the board of county commissioners to the board of trustees as ex officio members. This branching out was a further effort to place the hospital in the minds of the people of Tacoma as an institution of their community.

The trustees for the year were:

L. W. Roys
Rev. Preston Barr
Galush Parsons
A. R. Nicol
George Browne
Fred Low
A. M. Ingersoll

Chester Thorne
P. V. Caesar
Alexander Baillie
Theodore Hosmer
C. W. Wheeler
G. L. Holmes
Frederick Mottet

Executive Committee:

Rt. Rev. William M. Barker, D.D., President
L. W. Roys, Vice-President
P. V. Caesar, Treasurer
Rev. Preston Barr, Secretary
Chester Thorne
House Physician and Superintendent, Chas. McCutcheon, M.D.¹⁸

There were 472 patients treated during the year ending April 30, 1895. They were classified as follows:

Patients treated at full rates.....	308	5,698 days
Patients treated at less than full rates.....	79	2,164 "
Patients treated as Charity Patients.....	85	2,895 "
Total.....	472	10,757 "

Dr. McCutcheon reported:

The expense of maintaining the Hospital for the year amounted to

\$10,820.16. The earnings of the hospital from full pay and part pay patients amounted to \$10,745.73. This left an estimated deficit for the year of \$74.43, besides taking care of 85 charity patients for a total of 2,164 days.

Of the \$10,745.73 of estimated earnings, \$9,089.35 were collected, or nearly 80 percent.

The expenses above mentioned do not take into consideration the taxes, insurance or interest on our mortgages and notes, which amount to about \$1,700 a year.

CASH STATEMENT FOR THE YEAR

Receipts	
Balance on hand, May 1, 1894	\$ 104.16
Interest, Children's Home	475.00
Donations	746.28
From patients	9,089.35
	<u>\$10,414.79</u>
Disbursements	
Labor	\$ 2,931.16
Light	384.75
Medical Account	881.75
Repairs	314.25
Insurance	885.00
Interest	395.42
Fuel	524.37
Expense Account	384.64
Furniture	24.00
Laundry	52.95
Provisions	3,522.85
Balance on hand, May 1, 1895	113.65
	<u>\$10,414.79</u>

Tacoma had hit the big time. The population kept increasing and the city started putting on airs. Pacific Avenue was paved in 1895.¹⁹ But the influx of people brought more diseases and accidents, with typhoid still the greatest problem. Trains sometimes arrived from the logging camps with as many as twenty-five cases.

According to the American Medical Association, the number of hospitals in the United States increased from 178 in 1873 to over 4,000 in 1909, but the City of Tacoma had not increased its hospitals at this ratio. The Fannie Paddock was the largest in 1895, the other two being the small county-city hospital and St. Joseph, a ten-bed hospital dedicated in 1891.²⁰

Help was still hard to find and harder to keep. McCutcheon thus realized the desperate need for women to help care for the growing number of patients--especially the larger number of women patients. He started a school of nursing in self-defense. It was the first such school in the State of Washington. The training period would be two years with a probationary two months.²¹

However, the first to apply was George Smith. Throughout that year of 1895 five young women were also taken. They were housed on the fourth or top floor of the hospital building.²²

Dr. McCutcheon, who personally supervised the teaching of the students, was an able instructor. Most of the student nurses' knowledge, however, was gained in actually working with the patients. George Smith was the first of the six to receive his diploma in 1897, the first nurse and the first male nurse to graduate in the State of Washington. After graduating he remained at the hospital, living in a small room close to the "dirty dressing room" where all accident cases were admitted, and taking so little time off for himself that he seemed to be always available when the accidents came in.²³

In 1898 Dr. McCutcheon invited his niece, a Miss Wilkinson who had graduated from a Chicago hospital, to come out and take charge of the nurses. She came but stayed just a month or so.²⁴

However, that month or so proved the value of supervision to McCutcheon and relieved him of keeping an eye on the young women. He delegated command of the school to an advanced student nurse, Miss Clarissa Steventon, and when she graduated in 1899 she remained as director of the school until 1901. Miss Zuella Shelton, also a Fannie Paddock graduate, succeeded her and stayed until 1903 when Miss Florence Dakin took over. She was followed by Miss Mabel Keown in 1904 and Miss L. L. Gould assumed the directorship in 1905 and remained until 1910.²⁵

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CHAPTER THREE

IN the early 1900's modern surgery was in its infancy. There were many hospitals in the United States much older than the Fannie C. Paddock Memorial Hospital but innovations were just beginning to appear in any of them.¹

The last quarter century had seen many discoveries in medicine and surgery and doctors seduced by the lure of the West brought this knowledge with them.²

The mystery of appendicitis, which had killed thousands of people a year, was ended in 1886. Dr. Reginald Fitz, a Boston pathologist, traced the cause of that organ. The cure was removal of the appendix by surgery, being performed on the West Coast just six years later. The first thyroidectomy was done on the Coast by Dr. Andrew C. Smith in 1889, who settled in Portland. The microscope was introduced to the Pacific Northwest by Dr. Albert Edward Mackay, who began practice in Portland in 1889 and became the first teacher of bacteriology.³

Organisms that caused tuberculosis, cholera, diphtheria, tetanus, and surgical infections were being discovered. The practice of cleanliness, isolation, and avoidance of cross-contamination was stressed to more advantage every day. Bergmann's introduction of steam sterilization in 1886 opened the era of surgical asepsis. Introduction of rubber gloves by Halstead in 1890-91 was another gain over infection.⁴

X ray was discovered in 1895 by Roentgen. Other aids to diagnosis were the clinical thermometer, the laryngoscope, and ophthalmoscope.⁵

The need for facilities to employ all these discoveries to treat the sick and the injured became apparent to communities as hospitals grew in numbers. The next problem to arise was that of staffing the institutions with trained personnel. The answer was to establish schools of nursing.⁶

The first systematic training school for nurses in America was started in 1872 with the founding of the New England Hospital for Women at Boston.⁷ A young woman who completed the course was termed a "trained nurse," a title which remained with all diploma holders for fifty years or more. Gradually, the term "graduate nurse" came into use and the last fifty years the word "professional" has been associated with her.

Many hospitals all over the United States manned their staff entirely with students, admitting women for training regardless of the limited experience some of the very small institutions were able to offer. The remarkable growth of training schools over a ten-year period attests to this. There were less than forty schools in 1890 and under 500 graduates. By 1900 there were

over 400 schools and well over 3,000 graduates.⁸

After a student had had a year's training she was eligible to take a private duty case in the city, or to "special" a patient in the hospital. "Private duty" or "specialling" meant that the nurse devoted all her energies to just one patient, or, in obstetrical cases, both mother and baby. This included the patient's hygiene, treatments and medications ordered, nourishment and liquids prepared, cooked, and served; elimination tended to, and close observation for reporting on chart and to the physician. This was twenty-four hours a day, seven days a week, with a few hours for sleep or relaxation at the convenience of the family or other nurses if the patient was hospitalized. Many people thought the nurse had been trained to go without sleep. Prolonged illnesses could be very tiring.⁹

This type of duty was allowed the students for learning experience--and that is all she did get because the hospitals collected the fees from the family. However, it did help the nurse to achieve her goal of becoming a well-known and well-liked private duty nurse. This was accomplished by impressing doctors with her capabilities while yet in training and impressing the families of her patients when called on a case. This led to being called back for further illnesses in the family or called by friends of the family who had been told of her worth. Very few graduates were employed in hospitals and, of course, other fields of nursing were not yet opened, so private duty was the nurse's livelihood.¹⁰

Traveling to her destination was a problem for the nurse of 1900. Tacoma nurses often went as far as Yakima or Wenatchee. It was the days of many petticoats, long underwear, and long, ample uniforms; the same dresses and aprons she had worn during training. The only difference was some small insignia of graduation such as a ribbon on the cap and the right to wear the pin of the hospital school. The Fannie C. Paddock School gave a pin in the shape of a Maltese cross stamped from a five-dollar gold piece.¹¹

Besides the necessary clothing in her carpetbag, the compleat Florence Nightingale took along a few nursing necessities, such as a hot water bottle, enema equipment, measuring cups and spoons, her kit of simple instruments, and a few textbooks kept from training days. The "why" of instructions was not stressed, but the "how to" was important and could be looked up. In the days of no antibiotics, horse-and-buggy doctor's visits, few telephones, and corner pharmacies, good nursing care often had a great bearing on the patient's prognosis. Wet packs faithfully kept hot could prevent general spread of infection and frequent tepid sponges curb a rising temperature. Keeping bedding dry, bodies free of bedsores, and minds cheered eased many a long illness. Poor nursing care could defeat the best medical advice and good nursing could often cure disease better than the physician himself.¹²

Most women who choose nursing for their profession usually do so out of an innate impulse to care for people, just as teachers usually choose their professions because they have a wish to impart knowledge. Both groups come from all walks of life and achieve their goal by hard work. But just as wives and mothers took care of their own sick, so did the family in many cases teach their own. It was the wealthier class who afforded the luxury of a nurse at three dollars a day or a governess at a monthly sum. Though both nurses

and governesses were professional people, they were still living with the families as hired help and relegated by the families to that class, as butlers, maids, and cleaning women. This was true over the whole country and led to a stigma that took nurses years to overcome, and, no doubt, governesses, too, who still live with families. Even though their family background was as good or better, they were considered servants. Fortunately, society has become more democratic and respectful of education and the availability of schools and hospitals has removed these professional people to their proper spheres.¹³

When gold was discovered in California it took six months for the news to reach the East, but rails spanned the continent in 1869¹⁴ and it wasn't long until the traveling time was cut to ten days, establishing a line of direct communication to keep the West abreast of eastern developments.

The Mileses planned the Fannie Paddock Hospital to meet standards recently known of New York institutions. The first school of nursing in America was started in Boston in 1872. The Fannie Paddock started its school just twenty-three years later. By the end of 1900 it had graduated fourteen young women and one man. The Tacoma hospital compared favorably with eastern hospitals in medicine, procedures, and nursing. Conditions were pretty much the same everywhere.

Josephine Heidinger Nicolai entered nurses' training at the Fannie C. Paddock Memorial Hospital in 1901 and graduated in 1903. Her husband, George, was a typhoid patient whom she had met and nursed back to health. After they were married he went to work at the hospital as a pharmacist. The Nicolais still reside in Tacoma. Though frail at 93, they have remarkable memories--and both are capable critics.

They recall that just one private room of the hospital had a bath and toilet. The facilities for all the patients consisted of one toilet, one hopper for emptying bedpans, and one sink for every patient on both upper floors. The hopper must have been very busy with nurses running back and forth. The sink which was just a few steps around the corner was very busy, because nurses washed patients' clothes, baby clothes and diapers, and boiled them. All this took place even with typhoid cases to care for!

They agree that the halls were attractive, but there were too many of them cutting up the floor space and wasting needed room. Indeed, a building meant to accommodate one hundred patients at one time sometimes held more than that, with extra beds in all the wards and even in the tunnel leading out to the pavilions.

The Nicolais further described the hospital of these early years. The majority of patients were medical and accident cases. A considerable amount of surgery was still performed in the homes, but the number of operations in the hospitals was increasing with new ideas and procedures. There was a small autoclave, the invention of fifteen years earlier, which made sterilizing possible under steam and pressure. The Nicolais referred to it as a "steamer" and told how bandages were torn from old sheets, wound on a little hand winder, and sterilized in it.

From its opening the Fannie Paddock did have electricity, since the Tacoma Light and Water Company was incorporated in 1884.¹⁵ There was

a dome light, small by later standards, in both the surgery and the accident room, but the nurses used candles in caring for the patients at night. This was because the electric wiring was poor, the lights were undependable, and the cost of using them prohibitive. Too, there was just one ceiling cord dangling in each room and the light was switched on from the hallway. It was easier to carry a candle to the bedside than to awaken all the patients in the ward.

In lieu of an ambulance there were several private companies who operated horse drawn vehicles. They met the trains and brought in cases from the lumber and mining camps, railroad gangs, and all the sick and injured from the mills and boats.

The circular driveway on the K Street entrance was used and the drivers would hit a large gong with a mallet. The clang reverberated throughout the building, waking and alarming the patients and sending cold chills down the spines of nurses on duty.

Mrs. Nicolai described the elevator which was large enough to hold two stretchers and was rope pulled, hand over hand, and slow, but it worked. This was also true of the dumbwaiter which was a help, but the food, rarely warm, was sent up in cans and nurses dished it out when it reached the third and fourth floors. In 1902 a steam heating arrangement was put in the dumbwaiter to keep the food hot and it helped some.

She also says that the nurses did all the cleaning--even washing the windows and the curtains. If a room needed fumigating, a five-gallon can with formaldehyde solution was put on a stove to boil. A funnel was inverted over it and a hose attached to the small end of the funnel. The other end of the hose was put through the keyhole of the door, and the fumes supposedly traveled the distance of the hose to accomplish the fumigation. But Mrs. Nicolai disagreed mightily on the subject of excellent ventilation. "It always smelled," she exclaimed.

She filled in a few more details of description and how things were done. A large, wooden tub was used for ice packing the typhoid patients. If they didn't catch pneumonia there was a chance of survival. Equipment was scarce. Fruit jars were used for urinals and whiskey bottles for hot water bottles. Call bells were donated by hotels, usually pretty well worn and not always responsive when patients tapped them.

And she still laughs about a picture donated to the hospital. "It was a painting of a farmer trying to drag a mule across a creek," she explained, "and it was hung on the wall at the foot of the stairs leading up to the patients' rooms. Every patient stopped to look at it and acted like he wanted to give the mule a push. Either that, or it made him think he was being dragged someplace he didn't want to go, too!"

Surprisingly, Mrs. Nicolai didn't think the nurses were overworked. "We were young and we could take it," she said. But one time she was sent out to care for twenty-three diphtheria cases at the Washington Children's Home. One nurse showed up to help her and lasted just that day. "The rest of six weeks I was there by myself. That was work!" she agreed.

A theme paper found in old hospital files and probably written by one of the first graduates of the school gives the date of writing as 1934 but not the

name of the writer. More description of the nurses and conditions was given:

Of the six nurses in the first class, George Smith spent most of his time in surgery. Three of the women nurses were on duty during the day and two on night duty. All were subject to being called at any time during the night.

The hours were supposed to be twelve but more often were eighteen to twenty, and with sometimes over sixty patients to care for it was difficult at times to be through with work in even twenty hours. There were no orderlies and all the scrubbing was done by the nurses. The dining room was so placed that call bells could be heard and answered during meals.

These six nurses were so tired by the time they were through a day's work that recreation seemed an effort rather than a pleasure. The strain of all this did do some harm physically and, probably, there was mental strain, too.

The uniforms were two inches from the floor with the aprons two inches shorter than the uniform and, of course, several starched petticoats under the uniform, to say nothing of long sleeves and long-legged woolen underwear, and stays. Black stockings and high-top black shoes, and a very tiny, little white cap, about the size of a tea-cup, completed the full uniform. A long, black cloth cloak with cape was worn over the uniform when walking to and from the nursing home but this was abandoned in 1902...

After 1900 the training school improved somewhat, what with orderlies to do most of the scrubbing, and more nurses in the school. About that time, too, there was an interne as part of the hospital staff...

Tacoma continued to grow. The census by 1900 was 37,714. The hospital grounds had been gradually improved over the past ten years until the block was a city showplace. A picture of the rear of the building published many years later in the Tacoma News Tribune described the scene from the corner of Third and K Streets. The grounds were tastefully designed and the picture shows the circular driveway leading to the rear entrance. The accompanying article stated:

The pebble-strewn path leading away from the driveway led to the rock grotto and the plant-clustered fountain.

... There was a fancy-runged wooden fence at the top of the terrace facing K Street. The rocks directly across the driveway were covered in a myriad of small, white flowers. This was before the time of the establishment of Wright Park, and great care was taken of the hospital grounds which ranked as one of the beauty spots of the city. Roses and plants of hundreds of varieties were included in the species that adorned the big yard, and in the summer the block was a beautiful mass of color.

The walks and driveways were all pebbles gathered from the beaches of the Sound, and with the carefully whitewashed rocks and the well-kept-up

lawns the site of the hospital was an attractive one.

By 1899 Dr. McCutcheon was able to report that the hospital was prospering. On September 11, 1901, he wrote in the Twenty-First Annual Convocation:

The Fannie C. Paddock Memorial Hospital has had another prosperous year. We took care of 1,165 patients or a total of 21,600 hospital days. This is over 50 per cent more work than was done the year before last. The Hospital cared for 81 charity patients, or a total of 2,313 hospital days. The amount of charity work has not increased any. This is due to the improvement of social conditions of the people. The financial statement of the Hospital is as follows:

Statement of receipts and disbursements for the year ending March 31, 1901:

Balance on hand, April 1st, 1900	\$ 302.22
Received from patients	20,960.60
Received from endowments	1,080.00
Received from donations	475.00
Received from overdraft	16.57
	<u>\$22,834.57</u>

Disbursements

Paid for services, help, etc.	\$ 5,180.33
Paid for fuel	982.89
Paid for provisions	9,434.25
Paid for drugs	1,834.74
Paid for repairs	3,144.44
Paid for light	281.60
Paid for insurance	520.00
Paid for interest on mortgage	580.48
Paid for expense account	875.84
	<u>\$22,834.57</u>

The increase in our work has compelled us to increase our staff. We have now 18 young women in our Training School for Nurses.

As you may notice from the financial report more improvements have been made during the past year than ever before. The buildings have been painted. The verandas leading to the wards have been enclosed. Rooms have been renovated, and everything put in good shape. We are now having built on the west side of the main building a structure which answers three purposes. Primarily, it is a splendid fire escape; the halls on the patients' floor open into it, through which they can pass out over the roof of a porch and down a stairs into the hospital grounds. This structure makes a beautiful room, 20 x 24 feet, which we will use as a children's ward. And lastly, the structure makes a very serviceable porch extending over the rear entrance, affording protection to

patients arriving and departing in stormy weather. The whole structure is being erected by Mr. John Thomas in memory of his daughter, Honore.

The hospital lost a good and sympathetic friend in the death of Bishop Barker. I think that this is a proper time to place on record an act of his which has made the hospital's future prospects bright. You are probably aware that when the hospital was built in 1889 it was \$15,000 in debt. It has been struggling under this load ever since. Three years ago when the Bishop was attending the Triennial Convention of the Church, he found a very charitable old lady who bought our mortgage, reduced the interest to 5 per cent, and placed the mortgage in a trust company with instructions that it was to be cancelled on her death.

We have recently purchased one of the best X-ray machines that is made. It cost nearly \$600 laid down in Tacoma. It is very much appreciated by our physicians. I feel sure that our physicians will bear me out in the statement that we try to furnish everything that is modern and helpful to them in the diagnosing and treatment of disease.

With the death of Bishop Barker in 1900, the Rt. Rev. Lemuel H. Wells, D.D., was appointed acting bishop and in this capacity became chairman of the board. Wells was replaced in 1902 by the Rt. Rev. Frederic W. Keator.¹⁶

Other personal reminiscences of the early alumnae of the Fannie C. Paddock Memorial Hospital School of Nursing evoke a sense of being in the building and living right with these women of long ago. Various remembrances over the years also tell of changes that took place and relocations.

Jessie Howell Snowden, class of 1905, wrote "Looking Backward to 1903" several years ago. She recalled:

I was immediately assigned to B Ward, there being three men's wards--A, B, and C of 18 beds each. There was also an annex back of C Ward. These rooms were often occupied by D. T. (delerium tremens, a violent delerium produced by prolonged and excessive use of alcohol) patients who often kept other patients awake when they were either holler-ing for whiskey or seeing pink elephants or other fantastic figures on the walls.

...After probation period was over, I was capped and put on night duty in the same three wards along with a classmate who had been capped just five weeks ahead of me. There were five nurses on night duty, two for the wards, two on third floor, one on fourth floor. Since wards were in a wing off the main floor, we seemed to be a long way away for two such new recruits, from third floor, where two seniors were on duty. There was the corridor, past the three wards, then through the main entrance floor, and up two flights of stairs. There was no communication between wards and third floor. I was plenty scared, but we managed to survive.

There was a diet kitchen between A and B Wards where we sat and took care of charts when not making rounds of the wards with our little "Nightingale" candles. The kitchen had a big, wooden sink, a wooden hot box where dishes were kept, and a wooden icebox.

We wore full-length dresses and aprons and were paid \$5 a month. Some of us didn't have much more than that to get by on. However, black cotton stockings, which we wore, were 15¢ a pair, silk lisle 25¢, good shoes \$3.50 a pair, men's linen hankies (which were used to make our caps) 25¢, and vaudeville shows 10¢. A Mrs. Pryor who lived at 23rd and K made uniforms. Material was 10¢ a yard. Dresses cost 75-80¢. Aprons cost 35¢.

Night nurses served breakfast and fed any patients who required assistance. Third floor nurses were expected to prepare midnight supper which consisted of leftovers to be found in the kitchen icebox. Nothing was provided for the night nurses. And the night nurses had a hard time sleeping. There were 35 in training. Most of them would be in and out of homes during the day. Doors were never locked--front or back. There were two homes--one, on the corner of Fourth and K, now demolished, and the other at Third and J. With one bathroom in each home, "privacy" was unknown.

One night a patient was brought into A Ward with a fractured pelvis and internal injuries. He was suffering a great deal so we went in frequently trying to make him more comfortable. When night duty was over, I was put on days in A Ward. One afternoon I was writing up charts when I heard my name mentioned. I looked up and it was this pelvic fracture patient talking to the patient next to him. He said, "You know, the night they brought me in--I thought if ever there was a 'Fallen Angel,' she was one!"

We had very few obstetrics those days. People did not like the idea of their babies being born in hospitals. The fourth floor was used for typhoids--there was much of it in those days. This meant giving ice sponges whenever temperatures went to and above 103, which it invariably did at night. All linen was put in a disinfecting solution by the nurses and wrung out before it was sent to the laundry. All "stools" were also treated for about 30 minutes before emptying into the toilet.

After I was there seven months, I was put in charge of A Ward, with a probationer to train. Responsibility was certainly thrust on us. The Operating Room was down on the main floor. Close by was what was called the "Clean Dressing Room," where usually all dressings were done. There was also a "Dirty Dressing Room" where pus cases, etc., were taken care of. George Smith, of the class of 1897, was in charge. At that time there was an "Out Patient Department." Later, during my training, the Operating Room was transferred upstairs.

If a nurse was put on contagious cases (they were housed in a small house on the grounds), meals were handed out of B Ward window. For scarlet fever we were in quarantine six weeks and not allowed off the grounds. If we wished to write a letter it was done in pencil. Then each sheet of notepaper was passed through a disinfectant solution, laid on the lawn outside to dry, to be collected and sealed by someone from the Main Building. At the end of the quarantine, both patients and nurses were required to bathe and wash their hair in a bath containing formaldehyde solution. All clothes went through the same procedure. Any infectious

diseases in the Hospital were fumigated...

Graduation exercises were held in the New Masonic Temple in 1905, then situated on St. Helens where the Medical Arts Building now stands. Baccalaureate services were held in Trinity Church, now Christ Church.

Margaret Sandison Ross, '05, states that they had chapel at 7 A.M. before going on day shift. The students met at the foot of the stairway on the second floor and sang a hymn or two and said a prayer before going on duty. Mrs. Nicolai, '03, said they never had chapel, so it was apparently inaugurated right about the end of 1903.

However, the chapel as such was not positively pinpointed as being built until 1906 when "Art Work of Tacoma and Vicinity," published in 1907, came to light, donated by Mrs. Charles Wallis. Dr. Weldon Pascoe described the chapel as a lovely little room about twenty feet long and fifteen feet wide, made by enclosing the front porch with stained glass windows. The aisle led down the middle to the altar and the pews were placed diagonally, winging from the center frontwards toward the outer wall. There was an organ and some student who could play it. The windows are now in the downstairs St. Mark's Chapel of St. Luke's Church on North 36th and Gove in Tacoma, by affirmation of Stella Reihl who has written a history of the church.

Mrs. Ross further relates that during 1903 to 1905 the second and third floors were private rooms for people who could afford to pay more. There were few women patients and they were usually in serious condition if admitted. The three wards in back now contained twenty beds each, besides having the enclosed room at the back of each one for very serious cases. Private patients paid about \$3 a day for their care.

"Old George was the 'dirty dressing room' attendant," she wrote, "and he was so good at knowing what to do for all kinds of infections that the doctors, even the best, would ask, 'George, what would you do for this leg?'"

"Our uniforms were fresh and clean from the laundry on Sunday and were supposed to last all week. We did get, occasionally, a clean apron during the week if something drastic happened to the one. When the aprons were ironed and starched they puffed out all around us so that a patient once told us we all looked about seven months pregnant."

Mrs. Ross remembers just one or two babies being born all the two years she was there. There was an obstetrical bundle consisting of sheets, nighties, diapers, etc., which was sterilized in the operating room sterilizer.

"And there was the San Francisco earthquake! The Tacoma Red Cross was sending a ship with clothing, blankets, and supplies to help the people of San Francisco. The Red Cross also sent five Fannie Paddock nurses to help. I was one, and so were two of my best friends. On the way down, a tidal wave hit us and soaked everything on the ship. The officers later strung lines all over the deck and we hung up the blankets and clothing to dry. Some of the clothing was amazing--ball gowns, evening clothes, and shoes of all kinds. You can imagine what a grand time we had, nursing old people and sick people out in one of the empty barracks at the Presidio, with young officers in daily attendance! We nursed there six weeks and then came back to Tacoma.

"We didn't have much equipment to work with," Mrs. Ross concluded, "but we did give good nursing care at the old Fannie Paddock. We had our two hands and lots of soap and water, and we used them."

The Northern Pacific Hospital was opened in 1905 and railroad contract patients were transferred to it.¹⁷ The three pavilions in the rear of the Fannie Paddock housed a variety of medical conditions over the years--typhoid, tuberculosis, men's general, and some say, at one time, maternity. There was also a small isolation house which held just two beds behind the pavilions, and it is not known just what was considered as being highly contagious. There was a morgue in the basement, or first floor on J Street, next to the furnace room.

An 1892 picture of the hospital shows a paved sidewalk running in front of the building on the J Street side. A 1904 picture shows boardwalk still going up the hill on the south side, and J Street had not yet been paved.

Bessie Wardendyke Murray of the class of 1905 recalled:

There was a long-winding driveway leading to the K Street entrance lined with mulberry bushes. Dr. Quevli, Sr., parked his horse and buggy without tying the horse, and it would wander slowly along, eating the bushes.

A Miss Keown was director of nurses. There were classes from one to two hours every morning, but my first day was without any knowledge at all and the nurse on the floor taught me to give a hypo and take temperatures. The first appendectomy performed at the hospital took place the day I entered training.

Seattle had not yet deepened her harbor, so Tacoma had many ships lying out in our deep bay. Because of the ships, many of them grain carriers, rats were everywhere. They infested all the homes up the hillside and the hospital. Dr. F. J. Schug was the man who finally made war on the rats. On one ship alone he counted 2,000 exterminated. (Tacoma's waterfront has always presented a rat problem. As late as 1942 it was discovered that a large population of the animals was infected with bubonic plague. An intensive campaign destroyed them by the thousands.)

"Cockroaches were also thick," she said, "and the hospital had the biggest bedbugs in town!" Mrs. Murray went on to relate how she almost ruined her career by taking on a private bedbug campaign. The old wooden bed frames were wonderful breeding grounds for the pests. She doused the beds, springs, and mattresses so thoroughly with a strong bichloride of mercury solution that the mattresses had to be burned. Dr. McCutcheon was horrified, but her campaign prompted the purchase of the new iron beds and new mattresses.

She said that considerable surgery was done. Gauze packing in ten-yard lengths was used to pack into the abdominal cavity. This packing was later washed in saltwater by the nurses, dried, and autoclaved for reuse. Supplies were hard to come by in those days, and economy was practiced in every way possible. For instance, rubber gloves were used,

but if more than one surgery was scheduled for the day the doctor and scrub nurse went from one surgery to the next without changing gown and gloves.

Mrs. Murray's description of a Dr. Case was hilarious. "He had a long, black beard of which he was immensely proud. It was really long--clear down to his knees. He tucked it under his belt and, of course, it was covered by his surgery gown when operating, but for hospital rounds it flowed under his belt and out again with silky freedom. On the street he showed off the whole length. If he was in a hurry or the wind was blowing it waved over his shoulder. He later married and his wife made him cut it off!"

Dr. C. E. Case performed many remarkable and interesting operations, including the eighth successful abdominal surgery for a gunshot wound of the liver on record throughout the world. The abdominal cavity was opened its whole length and the injured structures properly cared for. A great deal of blood was found in the abdominal cavity, which was thoroughly cleansed, and all bleeding vessels secured preparatory to closing the abdominal walls by silver wire and catgut sutures. After the operation the abdominal cavity was washed out as often as the temperature indicated any danger of blood poisoning, a glass drainage tube being left in the abdominal cavity for that purpose.¹⁸

Mrs. Murray stated that there was a flicker of interest in hospital deliveries during her years of training. Courthouse records belie this fact but complete statistics were not always recorded in those days. And, too, Mrs. Murray's dislike of caring for obstetrical patients may have magnified the number in her mind. She recalled that there were sometimes seven or eight in the maternity ward with their mothers. The mothers took care of them if possible. Sometimes there were excess babies, and they put them on the shelf in the linen closet where there was always plenty of room because there wasn't much linen.

She remembered, too, that the nurses had poor food and the night nurses hardly received any. The eggs were always stale and bacon was served just once a week. There was very little beef, mostly lamb. They used condensed milk for cream because the ten-gallon cans of milk delivered to the hospital always had the cream skimmed off the top by the McCutcheons' cook. The patients' food was better, especially if they had special nurses.

Yes, they did still use leeches. They were applied to any part of the body to suck out a bruise, a hematoma (a tumor or swelling containing blood), to relieve an inflamed mastoid, or used in blood-letting, in which case they were always placed beside the patient's left eye. They were like a snail, about the size of a man's thumb and black, and a mouth about the size of a nickel. One leech is capable of removing from a teaspoonful to a half ounce of blood. The American species were less voracious than the foreign varieties.

The skin was scrubbed briskly, dried, rubbed, and the leech applied. This was done by placing the animal in a glass tube or medicine glass with the head toward the orifice of the glass which was inverted and applied to the spot where the leech was to fasten itself. If it was slow about biting, a little cream rubbed over the spot or a drop of blood from a needle prick would cause it to take hold. It could be left from half an hour to an hour, depending on its activity; if very sluggish, it could be gently stroked with a bit of linen. When full, it generally let go of its own accord; if not, the doctor would squirt it with saltwater and it let loose, squirting blood into a basin which the nurse held

ready. An attempt to pull it away could result in the breaking off of its teeth which, when left in the flesh, encouraged inflammation.

Leeches were maintained in a jar of water covered with a perforated lid with a little mud at the bottom. It was always Bessie Murray's job to obtain the leeches from Kent's drug store down on Pacific and carry them back to the hospital in the jar.

The same leech was never used twice to eliminate the danger of cross-contamination. They were effective in bruises where surgery could not be used. However, the use of heat or ice to dispel a bruise or draw out inflammation proved to be less traumatic, both physically and mentally, for the patient.¹⁹

On January 24, 1905, Dr. McCutcheon wrote: "In my last report to the Trustees I stated that we had rented a small flat near the Hospital for the accommodation of the nurses... As I look back at it now it seems perfectly absurd considering what we are now doing. We now have a double house on I Street facing the park which accommodates 24 nurses. We pay \$30.00 a month rent for it. The school is in charge of a directress to whom we pay \$70.00 a month. This building has been completely furnished and all has been paid for out of the hospital's earnings."

Again in 1905 Dr. McCutcheon wrote Bishop Keator a letter read at the Twenty-Fifth Annual Convocation:

During the year ending March 31, 1905, this Hospital received and cared for 1,477 patients, or a total of 13,816 since the Hospital first opened its doors. The number cared for the last year was equivalent to 26,241 hospital days...

We have not been so busy the past year as the year previous. Our receipts fell off about \$4,000, due in part to the completion of the work at Electron, to the closing down of several lumber mills, and to the establishing of another hospital in Tacoma.

The past year was, however, a prosperous year. We have built and paid for a new operating room at an expense of about \$2,400. We have just completed the painting and calcimining of all the halls in the main building, and as the private rooms already had their walls and ceiling painted and decorated, the appearance of the hospital on the inside is as fresh as when it was first built, and far more pleasing to the eye.

Since January 1st this year we have had the entire hospital building rewired for electric light at an expense of \$440. The greater part of this has been paid. One of the most troublesome things about maintaining a hospital such as this is the constant need of renewals and repairs, and yet I believe that we have this hospital up to date in every respect, but the melancholy fact remains that the building itself is not constructed on modern ideas and much is wasted in its maintenance in consequence thereof.

Our Training School for Nurses has given good satisfaction. A class of 13 young women will graduate June 8th. I sincerely hope many members of this Convocation will be present. The Training School for

Nurses is very much in need of a home. It now occupies very cramped quarters which are not conducive to either health or happiness.

It has been suggested that the "Children's Home" be removed to the hospital grounds and remodeled as a Home for Nurses. That building would make an admirable home and supply all the wants of a home for the Training School for several years.

The Children's Home, a large, three-story structure on North Twelfth and Oakes, was moved to the hospital grounds and placed where the exit of the driveway stands now in 1973. Its back was flush with K Street and its front faced the rear entrance of the hospital. There were two large porches where the nurses could sleep in warm weather, a large reception room which was used as a classroom, and lovely rooms with bath and toilet on each floor. The nurses walked from there to about where the pharmacy is now located to enter the rear of the hospital.

The Tacoma Ledger of August 18, 1915, covered the razing of this building when the new hospital was built and tells of its being moved from the Sixth Avenue district about ten years previously. That would have been about 1905 or 1906 and meant that it probably was moved by horsepower.

In 1908 an accident resulted in the tragic death of Dr. Charles McCutcheon. He had suffered for years with painful rheumatism and used oil of wintergreen to rub his aching muscles. One night in the dark when he couldn't sleep he reached for sleeping medication and got the wintergreen by mistake. He had served the hospital faithfully for seventeen years and was so well loved and respected that it was a stunning loss.²⁰

Dr. J. A. LaGasa was chosen temporary superintendent and shortly afterward it was decided that the superintendent would be chosen from the business community. Albert J. Burrows was elected in December, 1908.²¹

In June of 1909, as recorded in the Twenty-Ninth Annual Convocation, Albert Burrows wrote Bishop Keator:

Although the average number of patients per day for the year will not greatly exceed sixty, during the past six months the maximum capacity has been almost reached. We have frequently had ninety patients in the institution at one time, and when we consider that there are in the hospital only twenty-seven private rooms, two double rooms, and two four-bed dormitories, the balance of our capacity being in the various wards, it will be readily seen to what an extent we are crowded in taking care of ninety patients. During the past few months we have experienced the greatest difficulty at times in handling patients seeking admittance and, indeed, on several occasions we have had to turn patients from our doors for lack of accommodations. Plans are now being prepared by the architects for a new building to be erected on the corner of our property adjoining our present building. This will give us an added capacity of about forty-two private rooms which will help largely in overcoming the congestion in our present quarters. It will be necessary to raise about \$35,000 to complete this new wing, and it is hoped that before the summer is over the money will be on

hand and the building under construction. It will be constructed entirely of concrete and arranged along the most modern and scientific lines.

The surgical department is a branch of our work of which we feel proud. The surgical equipment is first class, and the service rendered in this department is such as to gain the favor of the leading surgeons of the city. During the current year there were performed in the surgery 811 operations, divided as follows: major operations, 220; minor operations, 591.

We have now thirty-six young women in our training school, twelve of whom will graduate on the 10th of June. The strictest care is being exercised in making appointments to the class of student nurses, and it is gratifying to report that many applications are coming in from young women of the most desirable sort.

The financial end of the institution is the least satisfactory. While we are managing at present to pay our bills from month to month, we are not providing for the future as we should. The building and equipment are gradually deteriorating and we are fast approaching a time when a considerable sum of money will be required to keep in shape that which we already have, to say nothing of our needs for enlargement and improvement.

The balance shown may look adequate, but when our current bills are met on June 10th it will be reduced by approximately three thousand dollars, leaving us with but a small surplus.

There is a demand for better hospital service in Tacoma than that now provided. There is already considerable talk among different organizations about putting up a hospital and some effort has been made in this direction, and unless we show ourselves ready to take care of the work properly it will be only a short time until some other organization will erect a modern hospital and we will be forced into second place. We now have the prestige and it will be a great shame to allow ourselves to be crowded out.

There are so many things needed about the institution that I will not now attempt to enumerate them. We might mention as among the needs most apparent a new X-ray coil which will cost about \$500.00, a modern elevator and a heating apparatus, which will mean an expenditure of probably \$2,000.00 or more. These portions of our equipment are antiquated and thoroughly inadequate and should be replaced at once.

.. In conclusion I wish to draw attention to the fact that during the past year the hospital has received practically no help from the outside, the total receipts from donations not amounting to \$75.00.

The impression seems to be quite general that the hospital does not need help and to any who may have this idea I wish to say that donations either of cash or supplies will be most gratefully received.

Administrators changed, but their needs were the same. It wasn't long before they all reported the same facts in the same language and made identical pleas.

In 1894 the American Society of Superintendents of Training Schools for

Nurses of the United States was organized. (In 1912 the name was changed to the National League of Nursing Education.) A major purpose of this organization was to establish a universal standard of training. A direct result of action by the society was the organization of the Nurses Associated Alumnae of the United States and Canada, an association of professional nurses (renamed the American Nurses' Association in 1912).²²

In 1908 the nurses in the State of Washington banded together into "The Washington State Graduate Nurses Association," its main objective being to enact equitable nursing laws. In 1909 the first Nurse Practice Act was passed with the major provision of the bill being the appointment by the Governor of a Nurses' Examining Board. This board was to be responsible for giving examinations once a year to new graduates; inspecting hospital training schools for nurses; establishing standards for approved hospital schools; recording and issuing certificates to all nurses registered under this act; and, among others, the revoking of registration and cancellations of the certificate for certain specified causes. The qualifications for the applicant for registration were set.²³

It was in 1909 that the graduate nurse decided to set herself apart by styling herself "R. N." and also by wearing a white uniform to designate her status.²⁴

In 1910 the Fannie Paddock School put out its first brochure, titled "Information Circular," offering to young women desirous of learning the art of nursing a course of practical instruction. It stated rules and regulations to be followed and some descriptive enticement--if the prospective nurse wasn't too intimidated by the rigid rules. She must be of good character; healthy; of average physique; not married, widowed, or divorced; free of any ties which might interfere with her training; and, above all, be willing to obey all rules. The course extended over a period of two years and six months preceded by a probationary period of two months. Duty was from seven to seven, with one hour off each day when practicable and one afternoon off a week. Then, as a final caution, the brochure read: "The course is severe, and only those with sufficient health, education, and energy to undertake such work and enough control of self to comply implicitly with the rules and regulations should attempt it."

Miss Olive Sill, superintendent of nurses in 1910, must have authored this severe and challenging career offer. It brands her as a strict disciplinarian, yet Blanche Derby McCandless, '12, accepted this challenge and describes her superior as a fine supervisor and a kindly woman. The austerity of the program was typical of the times. It demanded unquestioned subjugation, rigid alignment, and clear terms of conformity or understood consequences. Miss Sill's resulting application form was so precise and detailed that, incredibly, it was used with nearly the same wording for the next twenty-five years.

The questionnaire, put very directly, left no stone unturned from Name, Address, and Nearest Telegraph Office to "Do you have any uterine disease or tendency to pulmonary complaint?"

Articles required of the probationer included three plainly made cotton dresses, blue-and-white stripe; eight aprons of white cotton sheeting, two

yards wide, two inches from bottom of dress skirt, hem six inches wide, two inches apart in back, fastened by pearl studs at band; a napkin ring; watch with second hand; well fitting boots with rubber heels; warm night wrapper, and slippers. The underclothing should be plain and indelibly marked on band or front of garment with initial and last name in full.

Blanche McCandless said of her training days, "There seemed to be a relaxing period of the rigidity of the years before. Anyway, we thought it was great after hearing about the earlier girls. We knew the rules and obeyed them and the superintendent was firm but kind. The hours and the pay were the same but none of us thought too much about it. That was the way it was. Just one girl dropped out of our class."

This was a comparatively new door to a profession for women heretofore confined to the home. The school's adoption of the military regime was accepted by the students. "That was the way it was" was not questioned for many years and the attire of a white uniform was great. It was a difficult life for a young woman requiring plenty of courage to survive two years and eight months of it. The nurses in training took it in stride, though, and even managed to find humor in their Spartan existence.

From Ada Allen Gardiner's scrapbook--class of 1913:

If you are sorely stricken
With stringhalt or the pip,
If you turn pale and sicken
When fame gives you the slip;
If all your fat is piling
Around the torrid zone,
If you are fate reviling
Because you're skin and bone;
If everything you tackle
Appears to pull your leg,
If when your pullets cackle,
They've never laid an egg,
If any swan you capture
Is but a scrawny goose,
If every burst of rapture
Ends in the calaboose;
If hard work is your portion
And very little pay,
If two weeks' wild contortion
Each year sums up your "play,"
If life is what you make it,
Of joy or gloom or fuss,
Why, you must be--plague take it!--
Just like the rest of us!

According to the 1909 Nurse Practice Act which called for inspection of hospital training schools for nurses, the Fannie C. Paddock School was first examined in 1910. The hospital was the "school." Number and kinds of

patients had to be sufficient to insure a rounded experience for the student as well as adequate formal instruction.

This first inspection in 1910 lists the hospital as having 105 beds, average number of patients as ninety to ninety-five every day, students enrolled as thirty-six, and experience as to departments: obstetrics, fifty cases in 1909; children, thirty cases in 1909; contagious, average one hundred; medical time of service, each nurse had exclusive care of six cases at least; surgical, 825 in 1909; and on a line stating "Patients" it very bluntly says, "More men."

The investigator sums in her "Remarks" column: "Instruction is conducted by the Supt. and Assistants; Practical teaching is given by assistants; demonstrations, as occasion arises. Theoretical teaching is by Supt. and physicians. Lectures, each class two each week from Sept. 1 to June 1, Supt. of Nurses, each class one each week. General 'tone' of the whole place, as regards discipline, etc., was excellent. Nurses neat in appearance. The building is very old (21 years) and its out-of-date condition makes satisfactory service very hard."²⁵

Mildred Marsden became superintendent of nurses in 1911 and was followed by a Miss McDevitt for a short time in 1912. Then, Charlotte Schillig took over in 1913.²⁶

In 1910, Albert Burrows wrote Bishop Keator that, in a general way, the hospital was in a fairly good condition and the past year seemed to have been productive of some substantial improvements, both financially and in the general methods of carrying on the work. It was the busiest year in the hospital's history to that date, having admitted 1,791 patients. The average daily population of the hospital for the year showed an increase of 13.4 percent over the preceding year, and the total hospital days furnished exceeded those furnished a year before by 6,338, or about 30 percent. The average number of days' treatment per patient was 15.21.

This means that we have been operating at a great disadvantage, inasmuch as we are running most of the time with an overflowing house. We have had in the last few months as many as 110 patients on hand at one time, which has necessitated the putting of extra cots or beds in every available place as, with our present facilities, we are not fitted to care for more than 90-100 patients. The matter of a new building which was taken up about a year ago has been progressing slowly and we have reached a point where we hope to be able to go ahead with the work at an early date.

The detail plans have been completed and we hope that the finances will soon be in such shape that active building operations may be commenced in the very near future. I wish to say that in preparing these plans the details have been worked out very fully and the building which we propose to put up at this time will be so constructed as to fit in as a unit of the completed hospital of the future.

There is a feeling on the part of the public generally that the hospital facilities of the city are shamefully inadequate, but the feeling also exists that what the city needs is not more hospitals but that those which we have should be improved and brought up to date, and it is in line with this sentiment that our plans have been worked out.

The completed hospital as laid out by the architects will comprise eight buildings adapted to ward and private room space connected with corridors to the central administration building in which will be located all of the utility and operating rooms, and we think that when we have completed our plans we will have as fine and as modern an institution as can be found in the country, incorporating within itself all of the latest ideas in hospital construction.

The first building, which it is proposed to build at this time, will involve the expenditure of \$50,000 and this sum we are endeavoring to raise as a loan. We have a property value at the present time of about \$75,000, exclusive of all improvements, and with the new building this will be increased to about \$125,000, and we are offering a bond issue of \$40,000 bearing interest at six percent per year and secured by first mortgage on the entire property, which makes the investment absolutely safe. Subscriptions for these bonds in denominations of \$100 or multiples thereof may be sent in to the hospital. Full information can be secured upon request to the Superintendent. Just as soon as the bonds have been subscribed, work on the new building will be started.

The work of redecorating and painting the interior of the institution has been going steadily on through the year. We have repainted the three large pavilions, and nearly all of our private rooms have been redecorated, and we have also refloored two of our large pavilions.

The amount spent in this work alone would approximate about \$1,500. Our mattress and general linen supply at the beginning of this year was in a very bad condition. We have remattressed, with first class felt mattresses, the entire institution at an expense of about \$500 and have added to our linen supply to the extent of about \$400. During the year we have put in a new X-ray equipment costing approximately \$500 and a heating boiler costing about \$800.

Our payroll has been quite materially increased over what it was a year ago through putting on additional help and, in some cases, increasing salaries in several departments. We have added during the year to our staff of assistants a housekeeper, an assistant to the superintendent of nurses and a night supervisor, which very materially improves the service which we are able to render.

There was performed in the surgery during the year 1,114 operations on 863 patients.

As we have some little money on hand it is our intention now to purchase some new equipment for the surgery and make several improvements which have long been needed.

Among other things the material is now on the ground for the construction of an open air pavilion which will make room for about fifteen beds with all the advantages which the open air treatment gives, and from these we expect to derive great benefit.

As is usually the case the needs of the hospital are legion; among other things, a new elevator equipment is greatly needed. The apparatus we are now using is an antiquated hand power affair and very much out of keeping with modern requirements, and I hope that the means may be provided in

the near future for installing this much-needed equipment.

The Training School for Nurses shows some very marked improvements, and I feel that the personnel of the school is on a higher plane than in the past, and the efforts made to raise the standard have not been altogether without results. . .

The effort has been to impress upon all that the patient is the most important person in the institution and the welfare of the patient is at all times paramount, and I feel that the staff and entire school have accepted this conception and are working with this ideal continually before them.

The open-air pavilions were built --not sixteen- to twenty-bed wards as the first three or one large building as planned above. There were four or five, as remembered, with just one patient to a building, which was actually just one room. The whole front was screened instead of boarded for tuberculosis patients. If any of the patients needed something a buzzer sounded in the large building and a nurse ran out to answer, usually without a wrap. Running out in the cold in winter was most unpleasant and dripping trees in rainy weather drenched her.²⁷

These buildings backed on Third Street and faced the hospital. Prompted by necessity, it seemed that the whole of the hospital grounds was dotted with buildings.²⁸

In reading through old records a list of rules for "County Patients" was found. It has been the policy of the hospital since its beginning to make no differentiation in care regardless of financial background, so it seems strange that these rules were evidently directed to one group of patients. Also, the period of enforcement was difficult to determine because of the rule applying to lights. Most early graduates recall just one ceiling light in each room, and one even remembers using the blue paper from cotton packages to shield the glare from other patients when one had to be used. A later graduate said she thought there were cords leading to the beds, and that would place the time as after 1905 when the rewiring was done. In any event it had to be the chewing tobacco and wooden match era, and the temptation to share the humorous aspects was too great.

After the usual admonitions about valuables, visitors, food, etc., the patients were advised as follows:

Smoking allowed only during one hour after each meal. Cleanliness with tobacco, matches, ashes, etc., is insisted upon. These are to be placed in sputum cups or paper bags and not to be left on dishes or trays.

Scratching of matches upon walls or furniture is strictly forbidden. Sandpaper for this purpose will be found on undersurface of drawer of bedside cabinet.

Call bells are to be used only when there is good reason for calling a nurse or attendant. Abuse of the call bells will result in loss of the privilege.

Ward lights are extinguished for the night at 9 P.M. The bright lights are to be turned on only by attendants. Patients may turn on dim lights until 9 P.M. After 9 P.M. bed lights only are permitted. You

will save yourself probable eyestrain and consequent headaches if you refrain from reading at night in bed.

We urge the exercise of patience and consideration of attendants at all times. Their work is difficult, arduous, and often unpleasant. If response to a call or request for attention is not made as soon as you think it should be, please remember that the doctor, nurse, or attendant is probably busy caring for one of your fellow patients who may be as ill or more so than yourself.

Consideration for the attendants and your fellow patients in all matters of patience, thoughtfulness, fair-mindedness, quietude, calm forbearance, and sympathy will bring to you its own reward or returned kindness and a happier and more pleasant stay in the hospital.

THE ABOVE RULES WILL BE RIGIDLY ENFORCED

About 1912 to 1914 discoveries were taking place that would make even greater use of our timber resources and be a boon to everyone, especially hospitals, nurses, and patients. Disposables were beginning to enter the hospital picture. Bathroom tissue had been in use since plumbing moved into the homes; the first of which there seems to be a record was made in 1882.²⁹

Hospitals had long saved every scrap of old linen to be washed and re-used for numerable purposes. By 1910 ready-made gauze bandages were pretty much in use,³⁰ but the need was still great for linen to be used as dressings, handkerchiefs, soft wipes, etc.

Just before the outbreak of the first World War, chemists in Europe had produced a bulky but lightweight, fluffy material from wood pulp that was more absorbent than cotton and ideal for surgical dressings. Scientists from the United States observed this process and studied methods to perfect it.³¹

War nurses found many good uses for the wadding cut in various sizes and wrapped in gauze. Warehouses were filled to supply war needs, and at its end a huge surplus demanded imagination for its use in peacetime. One of the first items to come into being was facial tissues, used as handkerchiefs, and they did much for the common cold to keep it from spreading.³²

Bandages and dressings discovered by the nurses to be best for the location of the body wounds were prepackaged and found their way to hospitals, drug counters, and doctors' offices. However, hospitals were economical and bought the absorbent filling in the bulk, and student nurses made most of the dressings used by the hospitals.³³

Scientists were working in another field which would also be a boon to mankind and revolutionize hospital work, plastics. Old-timers can remember celluloid dolls and mothers who put new-skin, or collodion, on cuts. Even the ancients are recorded as accidentally discovering a combination of materials that hardened into an adherent material, but the plastics industry, as such, was not brought into its own until the early twentieth century.³⁴

Rubber was already being used in hospitals and the biggest time-saver

to date, the telephone, owed its existence to plastic. Millions of dollars and millions of hours--to say nothing of millions of lives--would be saved by the ready-to-use plastics within easy reach in hospitals.³⁵

More will be told of these items as they came into being. But the toe was in the door and disposables were to be as firmly rooted in the hospital as the X ray.

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CHAPTER FOUR

EVEN with other hospitals in Tacoma now easing the patient load, the Fannie D. Paddock Memorial Hospital was not large enough to accommodate all the sick. In 1887, when the building was planned, the population of Tacoma was 12,000. In 1910 it was 83,743, and by 1912 it had climbed to almost 100,000.¹

Medical professionals were expanding their knowledge and upgrading their standards. More room was needed in the hospital for new equipment and space for new methods and procedures. Many more workers had joined the Pierce County Medical Society and "the doctors' workshop" fell short of meeting their needs. Besides, the Fannie Paddock had become a managerial and financial headache. The building was twenty-three years old.

Bishop Keator had been president of the board for ten years and he recognized the hospital's obsolescent condition. As he reported to the convocation later:

The hospital buildings, which were never properly designed or built for hospital purposes according to present-day standards, have become entirely inadequate, unsanitary, and, above all, unsafe. The pressing need of the institution is that of a new, modern, well-equipped, fire-proof building.²

In watching the financial picture of the institution he had seen insolvency creeping closer and closer until bankruptcy was near. Episcopal Church members, friends of the Paddocks, had donated funds to start the hospital and had been generous over the years, but now with the even greater need for a modern building and equipment, the wherewithal to accomplish it must come from Tacoma people for whom it would serve. Experienced businessmen must furnish the expertise of modern methods of management.

Bishop Keator presented these facts to the board at the meeting of July 9, 1912, winding up with "the hospital's appeal must be to Tacoma people who are interested in it as a Tacoma institution."

This statement led to the motion to amend the articles of incorporation and to add the words, "Tacoma General Hospital," to "The Fannie C. Paddock Memorial" as the name of the institution.

Other amended articles were that the objects of the corporation were to erect a hospital or hospitals, to care for the sick and the injured; to teach and graduate selected people in the careers of attending these patients; and that the institution would be located in the City of Tacoma.

The Tacoma Tribune of July 14, 1912, carried a modest account of the

amended articles of incorporation subscribed and sworn to on July 9, 1912, and went on to say that the hospital would be in the hands of a board of nineteen trustees of whom the Bishop of the Diocese of the Episcopal Church, the mayor of Tacoma, the chairman of the county commissioners, and the president of the advisory medical board of the hospital were to be ex officio members, and the remaining fifteen would be elected. The present board members were retained and a committee of two appointed to nominate members to be elected.

Members of the board in 1912 were Bishop Keator, Mayor W. W. Seymour, George Browne, Chester Thorne, S. M. Jackson, P. C. Kauffman, L. W. Pratt, S. A. Perkins, R. B. Smith, C. A. Foster, William Jones, A. J. Burrows, Ellis Lewis Gerretson, R. A. McCormick, and William Virges. The four remaining to complete the number were elected September 30, 1912: W. R. Rust, C. H. Jones, Calvin Phillips, and Grant S. Hicks. The minutes of this meeting also state that all property owned by the Fannie C. Paddock Memorial Hospital were transferred by deed to Tacoma General Hospital.

The intent to involve the community of Tacoma through the selection of board members was successful. The clergy, law, and medical professions were all represented as well as established financial and business people.

Samuel Morley Jackson, English born and educated, and firmly on his way in the banking business as manager of the Bank of California, was first elected to the hospital board in 1905. In 1912 he was elected president.³

When celebrating his thirtieth anniversary in this capacity, he recalled to a Ledger reporter,

It seems like yesterday when I took the job. I remember it especially well because it was such a hopeless job in the beginning. They nominated me and I asked, "What am I supposed to do?" They said, "Just sit at the desk and you'll find out." I found out soon enough. The setup consisted of the Fannie C. Paddock Hospital building dating back to 1882, two blocks of land, a \$5,000 mortgage, and not a dollar in the bank."

The anemic bank account had bled far too much into the red, and Jackson inaugurated treatment to stop the flow. It took just a few glances to see that something was radically wrong. He sent a competent man from the bank to go over the books and determine what areas were causing the trouble. Poor bookkeeping, poor management, and misjudgment in expenditures seemed to be the answer.⁴

The staff was loyal and worked without pay when the outlook was the bleakest. One of the earliest graduates of the school came in one day with a donation of \$1,500 to help pay the personnel. This same woman, wishing to remain anonymous, later gave the hospital a much larger sum.⁵

The 1912 evaluations of the departments were:

Office furniture and equipment	\$ 631.30
Linen and bedding	2,258.08

X-ray	\$ 866.60
Pharmacy	132.50
Surgery	2,376.68
Laboratory	122.50
Heating plant	1,555.00
Laundry	545.78
Kitchen and dining room	1,195.11
House furniture and fixtures	2,336.50

The trial balance (a list of debit and credit balances of accounts at a given date, prepared to test their equality) for the month of October, 1912, of all expenses was \$5,646.35. Some items of interest:

Administration

Salaries, officers and clerks	\$369.56
Collection expense	196.29

Professional

Drugs and medicines	682.91
Surgical supplies	776.47
Alcohol, wines and liquors	115.95

Department

Ambulance	10.50
Training School expense	231.45
Laundry expense	521.40

Providoring

Bread and flour	133.58
Butter and eggs	616.70
Fruit and vegetables	262.71
Groceries	525.86
Meat, fish, and poultry	758.83
Milk and cream	280.39

General

Heat, light and power	380.94
Insurance	958.71
Charity	313.75

A November 7, 1912, hospital document listed the highest paid staffers as the superintendent of nurses and the cook at \$75.00 a month. Next highest paid was the bookkeeper at \$55.00. The surgery nurse, the anesthetist, the

housekeeper and George Smith, the male graduate nurse, each received \$50.00. A man simply listed as "Old Tom," a handyman, labored for \$5.00 a month. The list of salaries for personnel of this type totaled \$770.00. The salary of the superintendent of the hospital was not listed and whether or not he was added in the sum mentioned is not known. There were no doctors on the paid staff of the institution. They were paid by their patients or by the county, if county patients.

Wilfred A. Smith was made general manager of the hospital the latter part of 1912. He had been with Stone-Fisher Company, a large dry goods store, for several years as department manager. He was an experienced man in buying and financial matters.⁶

Changes in the hospital's affairs did not take place overnight, but, gradually and surely, new systems turned red into black and the accounting sheets looked more promising by the next year.

Board members serving with Sam Jackson now were William Virges, vice-president, and secretary-treasurer of the Pacific Brewing and Malting Company; W. R. Rust, chairman of the executive committee, and owner of the Tacoma Smelter; Chester Thorne, treasurer, and chairman of the board of the National Bank of Tacoma; R. R. Mattison, assistant cashier, Pacific National Bank; Frank S. Baker, publisher of the Tacoma Tribune; John S. Baker of the Fidelity Trust Company; J. L. Carman, president of Carman Manufacturing Company; George Osgood, second vice-president of Wheeler Osgood Company; J. E. Bonnell, a leading Tacoma contractor; John J. Hewitt, secretary, treasurer of Hewitt Land Company, Hewitt Investment Company, and treasurer of Gale Creek Coal Mines; George S. Long, secretary and general manager of the Weyerhaeuser Timber Company; J. G. Newbegin, secretary, treasurer of Newbegin Lumber Company; Major Everett Griggs, president of the St. Paul and Tacoma Lumber Company; Bishop Frederic W. Keator; Mayor W. W. Seymour; and William H. Reed, chairman of the board of the Pierce County commissioners.

These men were representative of every industry in Tacoma and realized the need for the hospital and the hospital's need of community support. Plans for the erection of a \$250,000, 150-bed hospital were voted on and passed. The principal donors were Jackson, William Virges, Anton Huth, Chester Thorne, William R. Rust, S. A. Perkins, William Jones, The Bank of California, C. H. Jones, the Griggs estate, Mrs. Robert L. McCormick, John Scott, Robert McCormick, Charles H. Hyde, the Weyerhaeuser Timber Company, and Hugh Wallace. Architects were Heath and Gove. J. E. Bonnell was the builder.⁷

The Washington State Historical Society has a postcard in the archives that was printed in 1912, depicting an eight-winged structure to be built by the Fannie C. Paddock Memorial Hospital. Although these plans were broadcast while nothing was at all definite--indeed, it was not yet named "Tacoma General Hospital"--the plans were actually used when the new building was finally begun in 1914, and again for the addition of the east wing in 1926.

The first unit was to be 280 feet long and forty-seven feet wide, stretching north to south between Third and Fourth Streets and facing K Street. The foundations would be laid very close to the rear of the old Fannie Paddock

Hospital and when it was eventually torn down there would be ample room over the rest of the block for expansion. The central portion of the structure was to be considered the administration area and the two ends were referred to as pavilions.

The building would sit back about seventy feet from the K Street sidewalk with a circular driveway sweeping under the canopy of the main entrance to the business office and waiting rooms. A second driveway was to branch down from the circle which would lead to the basement entrance for emergency cases and tradesmen.

Three stories would sit aboveground from the K Street side and the middle section would have a fourth story which would house a very modern surgical department with operating rooms that would be second to none in the country.

The center section would also house the pharmacy, doctors' room, trustees' room, and quarters for the superintendent of nurses on the first floor. The basement of this section was to be the accident or emergency room, X ray, manager's quarters, supply rooms, kitchen, and dining rooms. Below this area in the subbasement would be the boiler room, cold storage plant, and supply rooms. The stairwell would rise directly in the middle of the center part with elevator shafts on either side.

The north and south wings would house the patients, each floor on each wing to have its own diet kitchen with dumbwaiter service from the main kitchen, its own utility rooms and chart desks, which would allow segregation of patients into different types so that nurses assigned to each pavilion would work in a complete unit of hospital area and avoid carrying contagion to others.

The basement, while below the K Street level, would still be on ground level on the west side because of the slope of the hillside and become the second story above ground in the rear. The north end would be a complete patient ward as was the floor above, while the south end would have some living quarters probably to house male help.

A new idea in patient care was to be carried out on the roof of the south wing. It would be a tent-like outdoor ward for those patients who would benefit from air and sunshine. No tuberculosis cases, however, would be taken at the hospital.

The institution would be absolutely fireproof, of cream colored brick, and would have a capacity of about 160 beds.⁸

Ground breaking took place in August of 1914, the day before England declared war against Germany. Many people thought it would be better to postpone the building because of the war, but Mr. Jackson was determined to go ahead and did. Other objections were raised, too. Many of the doctors objected to the idea of installing bathrooms. They thought anyone well enough to walk to the bathroom was well enough to go home.⁹

Samuel Jackson served on the executive committee of the American Bankers' Association representing the State of Washington and did much traveling over the United States in this capacity. While visiting other cities he visited hospitals and gathered ideas. He studied hospital planning, financing, and management with the idea of making Tacoma General one of the finest scientific institutions in the country.¹⁰

But all these plans were being formulated in 1913 and the Fannie C. Paddock

Memorial Hospital still had two more years to serve the people of Tacoma. People were still going about their daily routine within its walls. Ada Allen Gardiner, '13, illustrates life in the old hospital during the transition years with a poem about the doctors:

The nurses here all love him
And does everyone in town
The oldest in the surgery
Is Dr. E. M. Brown.

The next you'd say is a foreigner
If you heard him talk, I know
And he was very handsome
Some twenty years ago.

We have one single doctor
But what makes matters worse
He solemnly vows
He will never marry a nurse!

The poem goes on for pages, describing every doctor on the staff. Then there were the surgery bulletins crazily put together in what passed for wit by all the nurses:

SURGERY BULLETIN--Feb. 6, 1915

Weather forecast: It rained today.

The work on the new hospital is progressing rapidly.

PERSONALS:

Ruby Brooks still has a bad cough but denies having DT's.

George Smith has a single blanket he wishes to sell. We don't know whether George is thinking of doubling up or wants to use his blanket doubled.

We were glad Drs. McLean and Willard favored us with a call this morning and watched the operation of Drs. Mowers and Swearingen.

Drs. McCreery, Monroe, and J. R. Brown also made a short call on the surgery this morning.

Dr. Courtright neglected to notify the surgery that he was going to operate at five-thirty, so his patient was not prepared when he came to operate. Live and Learn!

WANTED:

A man to sleep in the nurses' home some night so the searches of the faculty will not be fruitless.

Someone to fry eggs for the ward patients' supper time when they do not

have enough meals up to the wards.

SURGERY BULLETIN--Feb. 11, 1915

Weather: Fair and continued so.

The bricks have arrived for the new hospital and work is now progressing rapidly.

PERSONALS:

Dr. Yocum has not been in to call today.

Dr. Coleman's finger is steadily improving.

Mr. W. A. Smith, our superintendent, has a pain in his back contracted by patrolling the nurses' home between the hours of 2 and 3 A. M. Dr. Read and Dr. Kunz held a consultation this morning and pronounced it "Fantids" in its worst form. The surgical nurse, Miss Allen, highly recommended Dr. Snooks' Sanitorium in Puyallup.

FOR SALE:

One perfectly good black jet earring, cheap. The mate to it can be found by looking behind the bushes in the park. Owner at nurses' home, third floor back.

A dancing ticket. Owner cannot find time to use. Apply surgery.

The head plumber states today that he is in love with the scenery as viewed from the second floor of the new building.

A voice from the new building, "George, I want to get the most powerful pair of binoculars you have."

George: "Haven't any, but here is an X-ray machine--with it you can see through anything."

Graduates of these years remember that there were still many typhoid cases, X-ray was rarely used for obstetrical cases, and cesarean sections were dangerous and seldom performed.

Louise Harstad, '11, said it was fun to take care of the men in the large twenty-bed wards. There was one young man with a broken back. He was there a long time and became quite well acquainted with many of the nurses. His parents thought he was having too good a time, considering that he was engaged to be married, so they moved him to a Seattle hospital. But they soon had him transferred back as they thought the care was better at the Fannie Paddock.

Hypodermic injections were prepared in much the same way as they had been in 1900--and as they would be until the 1930's. A silver spoon was clamped over an alcohol lamp so that the wick was under the bowl of the spoon. The needle was placed in the spoon, covered with water, and the lamp was lit to allow it to boil--not too long because a bit of the water had to be saved to dissolve the pill. Sterile pickups were used to obtain a syringe

from a glass jar where they had been kept in alcohol. The syringe was transferred to the hand and the pickups used to place the needle on the syringe. But the tablet was placed in the spoon by hand lest more than one escape from the vial. Then the solution was drawn up into the syringe, often making a nice hook on the needle if too much pressure was exerted as it slid over the bowl of the spoon and bent the tip. The medication was now ready to administer.

According to Blanche Derby McCandless, '12, the doctors worked well with the nurses and allowed them to do much more than they ever did later. They removed stitches, did all dressings, and carried medications around in their pockets and distributed them as they thought they were needed.

The era of specialization had begun. Some doctors were going back to medical schools in the East or to Europe to gain more experience in certain fields. People who could afford it traveled to real or fancied fonts of wisdom to obtain treatment. One thing was certain--people were becoming more hospital-conscious. As a result, hospitals were springing up all over the country, and the American College of Surgeons began to consider a method of standardization.

The health education of the public has been a long, uphill struggle combating old family remedies, quack theories, and hundreds of patent medicines on the market as well as superstition. The advent of the sewing machine, for example, was accompanied with the idea that the treadle motion of the feet was dangerous to the "female organs," a concept which remains with some women to this day.¹¹

Newspapers were full of ads and pictures boasting the prowess of different makes of automobiles. The first paved highway to Seattle was opened January 31, 1915, and Standard Oil started the first chain of gas stations. Cars brought people and hospitals closer together.

Considering all of this, Mr. Jackson and the board of trustees planned to have a hospital that would teach Tacoma its need for a health center and perform the "miracles" of good care and treatment. The building started to rise. Surprisingly, none of the former buildings had to be razed in order to start the foundations, but many lovely old trees had to be torn out. The old Fannie Paddock had one more year to serve.

Ruby Brooks Hill, '15, wrote:

I finished my two years and eight months on the 30th of August. The old building was in use right next to the new one until it was finished. So many things still come to mind about the old building and what we did.

Had a hydrophobia case up on fourth floor one time. He was in restraints and the nurses wore heavy gloves. The rest of the patients on the floor were so frightened by the noises he made before he died.

Our classes were still being held in the big living room of the nurses' home. We put in a few weeks working in the small pharmacy where we learned about drugs and how to fill prescriptions. And we went once a week to the Stadium High School for classes in cooking for the sick, and nutrition.

Though everything was sterile and clean, there was no special

equipment like nowadays. There was plenty of help in surgery in the daytime but short at night, so it was kind of like the doctor in "Gunsmoke."

After graduating, the wages for nurses were \$25.00 a week, or \$4.00 a day if less than a week. For obstetrical cases we got \$30.00, which seemed like a lot of money in those days.

Seniority was strictly enforced anyplace in the hospital. Even our places at tables were rated according to how long we had been there. Of course, the superintendent of nurses and other graduates had their own dining room. At our desks on each floor where we kept records we always had to stand at attention if one of the older nurses (in service) came by and, of course, for any doctor. Also, if we met anyone on the big, long flight of stairs going from first to third we stood still till they passed us. Seemed an awful waste of time when you had more important tasks waiting for you to do. How we looked forward to the time when we would be seniors or graduates!

The seniority system had been in effect since nursing schools began and has only begun to relax in the last twenty-five years. It was a semimilitary regime whereby nurses of higher rank or longer service passed down rules and regulations to those of lower rank. Nurses were expected to observe the orders and rules given by those in authority, regardless of personal feelings toward the person who issued the order. They carried out duties assigned to them and did not leave the ward until relieved by others to take their place. There was to be no exchange of duties with others and no interference with the duties of others. This was the system accepted by training schools the country over to establish discipline and the consequences of infringement were often witnessed as classmates were abruptly dismissed.

Lack of respect for those longer in service or laxity in carrying out orders was a mark of poor upbringing. "It reflects on your home training" was a phrase heard so many times by student nurses that only familial regard prevented homicide.

Students were taught to rise when an instructor or doctor entered the room. This was explained as being comparable to a gracious hostess as she welcomed her guests. However, culture should embrace the Golden Rule. Self-evidently, there were frequent abuses of authority. Nursing has changed and so has its code of conduct. The modern nurse is taught etiquette, not regimentation.

But all was not progress. From the time the school began in 1895 to about 1910, nurses wore a bib over the uniform dress. It was about a foot square in front and a two-inch, stiff collar was worn about the neck, stand-up fashion. About 1910 the bib covered the whole chest and extended over the shoulders and down the back to the waistband of the skirt. The stiff two-inch collar was still worn with it.

Then, in 1915, the cross-bib--nursing's iron maiden--was introduced. It is not known to whom the nurses were indebted for this most uncomfortable attire. The bib was made of double thickness sheeting, stiffly starched, all in one piece, wrapped up over the shoulders, crossed in the back, and came around to overlap in the front under the breastplate. It was thick, hot,

and heavy and made six layers of starched sheeting around the young women's upper torso. Stiffly starched cuffs and collar, both double thickness and about three inches wide, completed the outfit. It required pins besides buttons to anchor all this, which resulted in much tearing during the day's activities. Midriffs perspired and necks chafed with the collars, but they did make an attractive ensemble that really crackled with each step. Oddly enough, the nurses loved them.

Up until about 1920 all student nurses were required to wear black shoes and hosiery. Stockings were cotton, sometimes fine lisle, depending upon the purse. They required very careful washing and rinsing which the students didn't always take time for. After some wear, they were as stiff as boots.

About 1920 a privilege of seniority came to pass. Seniors could wear white shoes and hose! What a comfort, and how lovely they looked with the starched skirts! It was a very distinct sign of rank.

"The old hospital was so badly infested with cockroaches, at night, especially, in the big kitchen," recalled Ruby Brooks Hill, "I was horrified to see some of them get into the new building. The old and the new were so close together. I suppose that problem has been long since solved.* The old three-story nurses' home which backed on K Street was torn down that summer. Some of it was hauled away and some of it was burned. It was sad to see it go. We had had good times there, and many memories would stay with us."

One part of it did remain, however, unnoticed and unsung for almost half a century. In 1971 when this history was just barely started, Percy Knox, in charge of maintenance, asked what building was once on the northwest corner of the block. Ten years previously in 1961 when they were sinking the pylons for the surgery suite, they had encountered a dirt-filled, cement basement. This discovery finally pinpointed the elusive site of the nurses' home so vaguely described by many of the old nurses. It seemed such an unusual spot for the home that it was difficult to picture until one of the older graduates came from Yakima to verify the location.

"The nurses were moved into the new building on the north end of the first floor," Mrs. Hill continued. "The building was still going on above us. I remember some of us climbing up on the scaffolding and touching the big red cross one evening. I always think of that when I see it now. We still had our meals in the old hospital and, of course, we were still taking care of the patients. My last assignment was to show visitors through the new building before they moved the patients in, but I was gone the next week when they did move in, the first week in September of 1915."

Sara Jane Maxwell Copeland, '17, said that the move was quite dramatic. The elevators didn't work and there was no hot water, and the sterilizers were out of order, but the problems were soon corrected. "Copie," as she is fondly remembered, went from training into the army and then married and raised a family. She returned in 1940 to help out during a shortage for a few days and stayed for over twenty years.

George Smith moved into the new building and took up rooming quarters close to his beloved X-ray. The old building was torn down completely.

There was much affection--and nostalgia--for the old Fannie Paddock

on Starr Street. There had been great need--and there had been color, romance, and drama. In looking back, most people are prone to skip over the second Fannie Paddock or think of it as a temporary stepping-stone in Tacoma General's history. Actually, this hospital was in use for more than a quarter of a century and had its share of human emotions.

The old Fannie Paddock had 100 beds in a dangerous building. The new Tacoma General had 150 beds in a building as nearly fireproof as possible. Carolyn Davis had succeeded Charlotte Schillig as director of nurses in 1914 and Alice Stenholm followed her until the latter part of 1915. Rose Settles was director when the move took place, with a staff of sixty-four nurses. Wilfred Smith was still the superintendent.

Miss Elysia Thomas, recently of Milwaukee where she had administered ether to more than 8,000 patients, was the first anesthetist in the new Tacoma General and the first on the coast.¹²

The block donated by the Tacoma Land Company twenty-eight years before, which overlooked the town and the mountain, was an ever more ideal hospital location than before. Streetcar lines were within easy walking distance on both sides as well as in front, and it had become a quiet residential neighborhood of neatly kept frame houses with trim lawns and flower gardens.

The First Christian Church with its big, domed roof was recently built on the corner of Sixth and K. The First Methodist Church, a block closer to the hospital on K Street, was also fairly new. The homes on the west side of the street were larger and more pretentious. The ones on the east side were smaller and the backs were built on stilts to accommodate the hillside. Little boardwalk bridges led to their front porches.

After the frills and furbelows of the old Fannie Paddock, this building was a model of simplicity and beauty as well as utility. The wide sweep of front lawn with its curving driveway was very impressive.

The original plans of the hospital as drawn up by Heath and Gove are in the offices of Lea, Pearson & Richards, architects for Tacoma General in the '60's and '70s. They are so old and fragile that handling them was impossible. Kenneth Ollar, hospital photographer, has copied them to permit close scrutiny and did a wonderful job with all the tears, wrinkles, and creases he had to contend with. Every floor is now depicted in detail.

To the right of the entrance was the waiting room and to the left, the business office. The stairway was directly ahead with an elevator on either side. To the right of the waiting room on the west side was the office of the director of nurses and her living quarters were across the hall occupying the corner rooms just before entering the south wing, complete with bath and sleeping room.

The superintendent's office was north of the business office, the pharmacy across the hall and the doctors' room between that and the elevator.

Ruth Skrondal Paulhamus, '18, entered training just four months after the building was opened. Everything was built and used pretty much according to the plans, but Mrs. Paulhamus supplies interesting details.

The main corridor on the first floor was tiled in small, white hexagons as were the diet kitchens, utility rooms, and all the lavatories. The patients' rooms were all floored in two-inch strips of oak. The stairs were cement

with a smooth finish. All the walls were plastered and painted, not glaring white this time, but buff colored.

Nurses to this day will tell a patient to "ring" if she wants anything, but by 1915 the old "bell" system was gone. A small light over each patient's door was turned on by pressing an electric button on a cord at the bedside. This also turned on a light at the chart desk to inform the nurses that a patient required aid. The "silent call system" was a real innovation and a blessing for nurses accustomed to twelve hours of listening to bells ringing. A light also went on automatically in the superintendent's office when a patient signaled.

The south end of second floor was patterned after the first. The middle section housed the diet kitchen, and across the K Street side were large, private rooms, some with baths. There was also a large, private room with bath on the east side overlooking the park. This was right next to the north elevator, and where "all the rich women" stayed.

The new, obstetrical department occupied the whole of the north wing; first, a lying-in room which held one patient; a delivery room; private rooms; two four-bed wards; and a nursery with side rooms for bathing babies and washing baby clothes. There was no doctors' room. They waited downstairs until they were called. The time for calling was determined by the quality and frequency of contractions rather than on examination by the nurses. The doctor scrubbed in a small sink in the delivery room. The floors were tiled in the delivery room, baby washroom, utility rooms, and lavatories. Patients' rooms were oak floored and the main corridor from one end to the other was covered with brown linoleum. One room was used for making dressings which were sterilized in surgery. There was a water sterilizer and boiler for instruments in an anteroom off the delivery room.

There were private rooms on the third floor but most of the accommodations were four- and seven-bed wards. Halls and patients' rooms were covered with brown linoleum. It had the best view looking both east and west which was compensation for the patients who could not spend as much for hospitalization. At the end of both north and south wings was a large, ten-bed ward.

Each nursing wing had a closet for storage of equipment, known all through the years until central supply was started as "dark closets," and truly named. They were a shelved recess about six feet wide, three or four feet deep, and as high as an ordinary doorway, flush with the main hallway and concealed by doors. No one remembers that there were lights in them.

In these closets were stored washbasins, emesis basins, enema cans and tubing, douche cans with tips and tubing, trays for carrying equipment, hot water bottles, ice caps, and stone pigs. Stone pigs were the forerunner of hot water bottles, being a crockery jug, quite heavy, which very much resembled a pig without any legs. The open end with stopper resembled the snout. They did hold the heat, though, for several hours and were effective in keeping warmth around the patient or warming a bed in preparation for a surgical patient. They are collectors' items today.

These closets also held all items that didn't seem to fit anyplace else and many things no longer in use but not discarded. Any student who voluntarily cleaned and straightened these cupboards in spare time was sure to impress her

head nurse and influence a higher rating whether she could give a bath or made a bed or not.

There was a small sterilizer in each utility room in which equipment was boiled before or after use, depending on whether or not it had to be sterile. This meant assembling what was needed from the closet, putting it on to boil, waiting for it to heat, and watching it for ten minutes before preparing the tray, and it must be watched lest someone else dropped something into it and the process started all over again.

There was also on each floor a deep closet about a foot wide which opened flush with the hallway. Steam pipes coiled in the walls kept them warm, and a rack made of pipes pulled out several feet to hang things on to dry--no doubt a convenient device for drying and warming pneumonia jackets or warming blankets.

The surgery area on fourth floor was the pride of the hospital. There were two large surgeries and two smaller ones. One room could be made into a surgery later, if needed. The sterilizing room with autoclave was to the right of the elevator. Next to that was what was called the "anesthetizing room." Patients were to be put to sleep here before entering the operating rooms. Between the two large surgeries on the north end was a large, utility room. Continuing right was the scrub room, one of the smaller surgeries, an instrument room, another small surgery, the unassigned room, nurses' room, lavatory, and storage rooms.

The south end of the hallway had a door which went out to the roof, an enticement to all personnel throughout all the years, with sunshine, air, and the superb view of the mountain and city.

This was to have been the outdoor ward where patients with draining wounds could be put to expose them to fresh air and sunshine. It would have a canvas roof and cubicles and curtains. In a picture taken of the hospital from the south, right after opening, the framework for the canvas can be plainly seen. However, the idea never came to pass, as the folly of making a pathway through a "clean" area was realized and the supports were removed.

Now, back in the surgery suite and continuing to the right was the supply-workroom where the supervisor was stationed at her desk in one corner. Then the doctors' room, elevator, and stairway completed the circle. The whole area had white, tiled floors and the walls were plastered and painted white for easy cleaning.

The first surgery to be performed in the new building was a cesarean section by the Drs. McCreery, twin brothers. Surgery was now becoming a more exact art with the new methods and equipment. The first year, there were 2,245 operations performed.

The lower driveway branched down to the basement level. The left wall (which was the K Street porch support) was built of rough cement. The right side of the driveway had about a three-inch curb which was the only protection between the driveway and the sloping lawn hillside. This was probably adequate for the narrow, high-seated cars of 1915, but it took someone tall in the saddle and courageous of heart to drive down it in later years. Many a car drove out the other side minus paint on the left fenders.

The first room on the left of the basement entrance from the driveway was

labeled Manager--evidently the living quarters of the superintendent, Wilfred Smith. Next to that was a room $12\frac{1}{2}$ by $17\frac{1}{2}$ feet, allotted to the laboratory.

The first mention of a laboratory was in the 1912 evaluation of departments in the Fannie Paddock which listed the equipment valued at \$122.50. Anna Jaderland Lake, '14, remembers a small space off the furnace room on the J Street level that was used as a laboratory. Night nurses brought urine samples down each morning and placed them on a shelf outside the door to be examined during the day by the intern. This same room was also used for pharmacy supplies and empty stock bottles from the floors were brought here for refilling. All this left little room for the laboratory.

A manual published in 1908 describes a kitchen table, a sink, and a few shelves for bottles screened off in a corner of the office as sufficing for a laboratory.¹³ Bacteriology, chemistry, and physics had just begun to be applied to medical diagnosis in the living patient. Anton van Leeuwenhoek developed a functional microscope in 1673, but it took years to perfect it to the modern tool of the early twentieth century. Before this, the senses of taste, sight, and smell were the only aids in diagnosing body secretions.¹⁴

So a microscope must have been included in the list of equipment, as well as a few glass tubes, beakers, chemicals, and slides. Very little laboratory work was done at the hospital, however, outside of urinalysis. Most of the doctors did blood examinations in their offices, so the small space allotted to this purpose in the building plans seemed ample.

Next to the laboratory was a room twice its size designated Housekeeper, and room twice the size of that across the hall was given over to housekeeping supplies. Cleanliness seemed to be the watchword.

Proceeding north in the basement, the whole wing was given to an area which looked on the plans exactly like the patients' ward above it but was assigned to the female help for living quarters.

On the right of the entrance to the basement was the X-ray room, then the "accident" room--later termed the "emergency room"--and then the cast room. Directly across from the accident room was the entrance to the kitchen. First, on the left was a large cold storage area, then a passageway to the main kitchen which was the ultimate in modern institutional facilities. This kitchen space extended out behind to the east and encompassed an area $39\frac{1}{2}$ feet by $33\frac{1}{2}$ feet. About ten feet of the east end was divided into a pastry room and kitchen help dining room.

Proceeding south from the kitchen entrance was the food serving room, and it led directly into the nurses' dining room which, to better illustrate its size, took up just three windows as they are spaced today and, of course, was just the width of the windows to the hallway. This hallway extended to the Fourth Street exit.

On the right side of the south wing hallway was, first, the superintendent's and staff dining room and then the interns' dining room. The student nurses carried their own trays from the serving room to their tables, but those privileged to eat in the private dining rooms were served by kitchen maids.

South of the private dining rooms on the other side of the hall was the record room, then a large lavatory with bath, then four more resident rooms going on to the end. Males who lived in were allotted these rooms. George

Smith probably had the one closest to the emergency room.

The subbasement, now known as first floor, extended over just two-thirds of the area between the north and south wings. On the west side was a room for storing alcohol and another large room for storing and washing vegetables. The east side had a fumigation room, an autopsy room, a morgue, and receiving room--all with outside entrances--as well as entrances into the interior hallway. To the left of the stairway was a large incinerator.

Eight steps on the south end led down to the sub-subbasement which took up the other third of the space between wings and was built out to cover the area under the kitchen. This was termed the "machinery room" on the plans and housed the ice making plant and oil burning boiler.

There was no laundry. A commercial establishment situated just a block away on J Street handled all the washing and ironing. It burned down about 1918 and was a great loss to the hospital. It was also a severe hardship to the student nurses who hadn't much money and had to replace clothing and uniforms. Another establishment was used until the hospital built its own laundry, a building about sixty feet by forty feet on the southeast corner of the block.

Mrs. Paulhamus described the distribution of space in the hospital as follows: students occupied the north end of the basement and the north end of the first floor. First south was medical and second south was surgical. Second north was obstetrics. Third north was women's surgical and third south was the men's ward, including a large, seven-bed ward located where the south end of the nursery is now located. One of the four-bed wards was reserved for typhoid patients and averaged two occupants. In spite of a better water supply as well as better drainage and sewage disposal, the disease still persisted albeit on the wane. All linen had to be soaked in a phenol solution six to eight hours in the lavatory tub next to the elevator before being added to the soiled linen.

Children were not segregated at first and were placed wherever there was room among the adults. Room 308, a seven-bed ward where the north end of the nursery is now located, was given over to them sometime in 1916.

The rates in 1915 were \$9.00 per week, and \$1.50 per day in the ten-bed wards.

Mrs. Paulhamus says that the maternity ward was always full and that the patients stayed ten to twelve days. There were always fifteen to twenty babies in the nursery. The nurses were still washing all the baby clothes. There were no incubators.

From 1913 to 1917 over 500 new training schools for nurses were established in this country, well over one-third averaging hardly fifty patients a day and some just a handful. Obviously, student nurses were being used to staff the hospitals.¹⁵

War pictures showing soldiers in uniform with Red Cross nurses in flowing veils and capes swayed many a young female heart. Nineteen young women graduated in 1917 and twenty-seven in 1918.

Ten thousand dollars had been donated by Col. C. W. Griggs for building a nurses' home. Space was sorely needed. Long before its completion in 1917 there were over fifty girls in the school. It was built on the site of the

old Fannie Paddock, facing J Street; a three-story brick building with basement, large reception room, and situated so that a rear exit from the third floor would lead across the roof of the hospital kitchen to the first floor of the main building. While the building was progressing, a house next to the alley on Third Street was rented. This building was later made into apartments and torn down about 1970. Students took all their meals in the hospital dining room and chapel was held there. Girls entering training in 1917 were the last class to finish in two years and eight months.

Ironically enough, considering that the students did all the patient care, there was no provision whatever for a classroom for them in the 1915 building plans. Classes were held in the dining room until the nurses' home was completed. About one-third of the first floor of this building was partitioned down the middle. The south half was the large reception room and the north half was made into a classroom.

Even with more nurses and better hospital facilities, Tacoma was going to be hard put to cope with the coming crises. The city and the whole country was heading for the United States' entry into World War I on April 6, 1917, and the influenza epidemic that would strike in 1918 and 1919.

As stated in Noreen Kimerer's "Fifty Years of Progress," published by the Washington State Nurses Association in 1958:

The warning, "luxury nurses must be given up," was sounded by WSGNA as the impact of war was felt in this country. The need for nurses in the armed services and the public demands for the development of public health work in the home communities placed a heavy burden on the nursing profession. Until the war there had been more than enough private duty nurses to handle the paid cases. Then, with the sudden call for nurses to "join the colors," their numbers were severely depleted.

In 1917 the American Nurses' Association advised nurses to stay at their positions until their country actually needed them. But in 1918 the full impact of the war was felt, and nurses were urged to join the armed forces. In 1917 when war was declared, the shortage of nurses in the armed services was appalling. There were only 400 registered nurses on active duty in the Army Nurse Corps and approximately 160 in the Navy Corps. Nurses immediately recognized their responsibility in the emergency situation, and when the war ended it was estimated that approximately 24,000 had served their country.

Newspapers were full of headlines from Europe. The few nurses from Tacoma who joined the services about this time received a salary of \$50 per month. More nurses were entering training in more hospitals over the nation.

Majorie Wood, '19, recalls the war months in Tacoma. Student nurses marched in the preparedness parade down Pacific Avenue. There was excitement and unrest, and people were moving around so much that there were many changes in personnel. Six directors of nurses were in charge during Miss Wood's two and one-half year period in the nursing school. Rose Settles was just leaving and she was followed by Hette Green. Then there was Sophie

Snyder, Myrtle Gray, and then a Mrs. Hall from Massachusetts General who was a one-dollar-a-year volunteer. After Mrs. Hall came the popular and durable Mrs. Mildred Lenoir.

The first pharmacist in the new building was Tina Ryan, nicknamed "Tiny" because she was so very small. Just two girls took care of the business office and switchboard at the start. After 7 P.M., the night supervisor made the main office her headquarters and took care of what business there was and the switchboard.

The nurses' home was completed and all save the probationers were moved into it. This left a good deal of free space in the basement.

In 1918, William Rust donated \$50,000 to the hospital to be used in enlarging and equipping the laboratory department and staffing it with a competent man. Leo Langham, of the Rockefeller Institute, saw the advertisement in an eastern paper, telling of Tacoma General's need, and came to Tacoma.¹⁶

A partition was built across the north end of the basement and walls knocked out of the east end rooms. This also included the width of the hall, so it made a fairly sizable, long, narrow room, with much more room for counter space and equipment. Langham brought much equipment with him from the East and supervised the setting up of the department.

Cards were sent out to all the doctors:

The Tacoma General Hospital laboratory rates will indicate that we are not opening our laboratory as a profit making department but for the better service for the institution. We have an expert Laboratory Technician in charge of the department. The fact that he does not practice medicine will assure you unbiased work at his hands, and coming to us so highly recommended from the Rockefeller Institute means accuracy and efficiency in results.

The fee list is as follows:

Wassermann test, including Noguchi control test.....	\$ 2.50
Abderhalden reaction for cancer	2.50
Complement fixation test for gonorrhea, tuberculosis, cancer, or glanders	2.50
Autogenous vaccines, 30 cc.	1.00
Cerebrospinal fluid, cytology	1.00
butyric acid test.....	1.00
Nonne test.....	1.00
above three tests	2.50
Sputum, for tubercle bacillus, etc.	.50
Smears, for gonococcus, etc.	.50
Stomach contents, complete chemical and microscopical examination.....	2.50
(x) Urine, chemical and microscopical.....	.75
(x) " quantitative, sugar.....	.50
(x) " quantitative, urea.....	.50
(x) " diazo reaction	.50
" for tubercle bacillus.....	1.00

Urine, for typhoid bacillus	\$ 2.50
Blood, red, (x) white, and differential count, haemoglobin, morphology, and malaria.....	2.50
Blood, any of the above single counts	.75
" , Widal reaction.....	1.00
" , plasmodium malaria	1.00
" , culture for typhoid, etc.	2.50
" , reaction, freezing point, specific gravity, coagulation time, nitrogen and sugar, etc., determinations. Fee upon application.	
Feces, for protozoa, ova, etc.	1.00
" , for occult blood	.50
" , for typhoid bacillus.....	2.50
Cultures, for diphtheria, etc.	1.00
Tumors or uterine scrapings	2.50
Milk (human or cow), chemical or bacteriological examinations .	2.50
Water, bacteriological examination.....	5.00
" , sanitary chemical examination.....	12.50
Guinea pig inoculations.....	2.50
Spirochaeta pallida, demonstration of	1.50
(x) Urine tests and white blood count free to hospital patients.	

For hospital patients there will be no charge for frozen specimens.

Business was up and the X-ray department needed more room. The emergency room proved to be unsatisfactorily located across from the kitchen, and the logical place for it was the Manager's room to the left of the basement entrance from the driveway. So the emergency room and the cast room moved to the north of the entrance and gave that extra space to the X-ray department.

The 1917 financial statement compiled in 1918:

Tacoma General as it stands today could not be replaced for less than \$400,000.

Taxation, none

Debt:

Straight mortgage, 6% interest	\$110,000
Due on buildings and equipment	82,700
Due on interest and insurance	<u>10,000</u>
Total indebtedness	\$202,700

The hospital is carrying \$100,000 of endowment insurance which, at maturity, is payable to the hospital. Premium, \$4,500 per year.

Average yearly disbursements, \$110,000.

The current demands on the Tacoma General Hospital are constantly growing. The institution is on a self-supporting basis except for the interest charges on the amount still due on the buildings. The hospital is able to take care of the interest charges on the mortgage debt of \$110,000. A general appeal at this time is made to enable the hospital to pay the debt of \$82,700 which is still due on the buildings and equipment. The appeal is

made only that the hospital will be able to give greater service.

A fund raising folder in this same year gives the following facts:

Tacoma General Hospital has a fireproof building, 160 beds, fifty-five private rooms, four operating rooms, twelve general wards, a maternity ward, a children's ward, a nurses' ward, a silent signal system, and an X-ray room.

Last year, 537 children were treated in the children's ward; 2,642 patients were treated; 190,956 meals were served, at an average cost per meal of sixteen cents; and the number of patient days at the hospital was 33,480.

In the State of Washington there were 12,763 deaths from accident and disease the previous year. Of these, 3,414 were absolutely preventable. It has been demonstrated by a careful survey that patients treated in a hospital have twenty-five percent better chance for recovery than those remaining at home. Only ten percent of illness is now treated in hospitals, yet hospitals have multiplied fifty times in the last fifty years.

The Tacoma General is the greatest laboratory center of service and research in the Pacific Northwest.

One of the first brochures put out about rates and rules stated that one week's care and operating room fee was required in advance upon admission of all patients. Weekly rates ran from one-bed surgical wards at \$10.50 to private rooms with bath and telephone at \$35. Weekly maternity rates were \$17 for a four-bed ward to \$25 for a private room. There was no extra charge for the care of the baby. Delivery room charge was \$5, and use of the operating room for major operations was \$10; and minor, \$5.60.

The hospital was not responsible for patients' personal laundry but did take care of babies' clothing. It was advised that the mother bring for the baby's stay at the hospital: three simple nightdresses, three pinning blankets, eighteen to twenty-four diapers, two silk and wool or all-wool shirts, three woolen abdominal binders, and one baby blanket.

If a special nurse was provided by the hospital there would be an additional charge of \$21 a week. Arrangements for other than house nurses had to be made entirely between the patient and the nurse, and an additional charge of \$5.25 per week was levied for the nurse's board.

In 1918 the average weekly wage for a man working as a laborer in manufacturing was \$19.25.¹⁷ His average stay in the hospital for any illness, medical or surgical, was 12.7 days. At \$17 per week for a four-bed ward his bill would be \$30.86. Very few had hospital insurance at that time and he probably had to rest at home for at least a month before returning to work, without the fringe benefit of sick leave. This man went back to work burdened with debt.

In 1972 the same laborer in manufacturing made \$154.69 per week. Very few stayed longer than five days in the hospital for any type of disablement. At \$65 per day for a four-bed ward the statement would be \$325. Today's man

goes back to work within a few days of hospital discharge, has sick leave to cover his time off, and, most likely, has a company-paid hospital and doctor coverage insurance. This man went back to work with very little paid out of his own pocket and nothing lost for time off.

Both men were billed extra for X-ray, laboratory, and use-of-surgery charges. The modest \$2.43 per day in 1918 did not have to cover much of ancillary standby service available. The skyrocketed \$65 per day covered much standby service available even though it was not used, such as immediate transfusion, cobalt treatment, or the \$2,500 machine standing in readiness on each floor to combat cardiac arrest. Inflation has colored the picture but not as much as it first seems.

One of the greatest advances in medicine was the discovery of methods of giving fluids to a dehydrated body by some channel other than by mouth. Illness impedes the body's ability to assimilate fluids in the stomach. Often, fluids accumulate and must be regurgitated, thus further weakening the patient. About 1910 a method was devised whereby a slow rectal drip could be absorbed in the lower intestine. It was called proctoclysis. A can with plain water was hung on a stand with a rubber tube and glass bubble-like drip regulator. This was used following surgeries and, when indicated, in individual cases. Equipment was boiled but was not sterile.

Another method developed about 1915 was called hypodermoclysis. This was more complicated in that the equipment had to be sterile. Glass flasks and tubing were autoclaved in surgery, as was the normal saline solution. A four-inch needle pierced the flesh under the breast tissue and was directed up anteriorly parallel to the ribs. Administration was not difficult and even the student nurses were allowed to start them. However, they were extremely uncomfortable for the patient, as the fluid went into the tissues to be absorbed and often swelled up into the neck and axillary area. It could be temporarily stopped with a screw control but, usually, while one side took hours to soften the needle was placed under the other breast, or sometimes into the thighs.

At the same time, blood transfusions were introduced. Since the results were unpredictable they were administered only in extreme emergency. The donor and the recipient went to surgery and lay side by side. A 500 cc. glass bulb was filled from the donor, citrate added, and a pointed end was introduced directly into the vein of the recipient. The blood was typed, but that was the only "matching" done at the time. Success depended upon the patient's surviving possible infection or some other ill effect from unsuitable blood.

Many put off seeing a doctor until illness or infection was far advanced. Amputation was common. Antibiotics were still far in the future. Many died from infections following surgery or resulting from such trivial problems as slivers.

Long, narrow, deep basins were used for soaking arms and legs in magnesium sulphate and hot water mixtures; or there was Dakin's solution, discovered about 1915 and used during the war for gunshot wounds. It was a sodium hypochloride solution used with hot packs or effective in deep irrigation. Gunshot or similar penetrating wounds were kept open with a perforated drain, and the solution forced through with a large syringe to wash out discharges.

"Continuous hot packs" or "hot stupes" was frequently seen on the physician's

order sheet of the patient's chart. They were prepared from pieces of old, woolen blankets soaked in the ordered solutions and placed in a canvas holder with hems wide enough to hold wooden poles, then heated on a gas plate in the utility room. When sufficiently hot, they were wrung out and carried to the patient's room. The wool held the heat so they had to be shaken out just enough to allow handling and placing on the patient, the designated area greased to prevent burning. Hot water bottles covered this to retain the warmth, and the procedure had to be repeated in an hour or so when the pack cooled. It was not at all uncommon for several patients to be receiving this treatment simultaneously. It was laborious but effective in relieving congestion and localizing infection.

Expert nursing care was also needed for pneumonia, nephritis, heart complications, mastoids, and any number of medical conditions that resulted in long days of hospitalization or death. Diuretics, drugs which increase the flow of urine and thus draw fluid from tissues, were not yet discovered. Among the most pitiable cases were the cardionephritics with edema that crept slowly up the body until it reached the lungs, and the patients literally drowned. They sat propped up in bed and fought for breath while the lower extremities filled with fluid. The skin stretched tighter and tighter until it could stretch no more and the thigh actually split open.

More people were coming into the hospital and the belief that it was the place to get well rather than a place to die was beginning to take hold. The number of births was increasing, and more surgery was being performed every day. More doctors were taking advantage of the new hospital facilities and newer ways of doing things. Tacoma General had equipment to carry out procedures--and around-the-clock nurses to tend them. Mothers and wives were not expendable and those who took care of patients at home were under terrific strain. Doing all the nursing, preparing meals for the family, housework, and extra washing was a twenty-four-hour job for one person. Doctors were urging more and more that the patient go to the hospital and the women of the home save their strength for the convalescence to follow.

The first provisions for medical care for injured workmen in a logging camp or sawmill was the system of "passing the hat." Later, employers hired a doctor and placed him in a camp, or close by, where he would be available for emergency care. If the injuries were severe enough, the men were sent by handcar from the camp to the nearest road where they were picked up by ambulance and transported to the nearest hospital.

Around 1900 a plan was started in the mills and logging camps whereby each man paid fifty cents a month to insure his ability to pay hospitalization costs. With the growth of lumber and allied industry, medical care contracts would be held by a doctor, a hospital, or several doctors grouped together to form a closed panel. This arrangement served for many years until 1913 when the legislature established the State Medical Aid Act, which provided for care of people injured in hazardous employment.

The Pierce County Industrial Medical Bureau was started in 1917 by Tacoma doctors. According to John Bigelow's "A Century of Service," Washington State can rightfully be called "the cradle of prepaid health care," especially the service type providing complete medical or hospital coverage.

Previous to this, Tacoma was served by the Bridge Clinic and Western Clinic.¹⁸

With the war having drained the supply of competent nurses, the influenza epidemic, a more deadly scourge, compounded the community's medical crisis. The first death from Spanish influenza was reported in Tacoma, October 4, 1918. On October 8, twenty-six theaters and sixteen dance halls were closed in an effort to control the spread of the disease locally. By October 17 there were 116 cases. The next day there were thirty-nine more. Schools and churches were closed, and all public gatherings were banned. Everyone wore gauze masks at work and on the streets. Before it was over, thousands of Tacomans were afflicted and many died. Reliable figures later disclosed that ten million people around the world succumbed to the epidemic. It was difficult to carry on any work because of the number of people sick, nursing being one of the hardest hit professions.¹⁹

At the hospital, surgeries were canceled. Unless there was a dire emergency it was too risky to give an anesthetic. Marjorie Wood was working on first floor on the north end, and every night she would take one or two victims to the morgue--often by herself, because there was no one to go with her. Except for head nurses and supervisors the hospital was staffed by students and most of them were ill, too. Classes for the students were discontinued. The doctors were too busy and too tired to lecture, and head nurses and supervisors had no time to teach.

So many of the students took sick that the director of nurses was forced to hire graduates to work. The student allowances amounted to very little, monetarily. Paying for graduate nurse coverage made a considerable difference in the payroll.

The burden of nursing all over the country fell almost entirely on the married nurses (since they were not eligible to serve in the armed forces) and the few public health nurses who remained in the communities. The situation became so desperate that anyone who was able--nurse or non-nurse--was asked to go into the homes and care for the stricken. Hospitals were so crowded that victims were being cared for in army barracks, hotels, or anyplace where there was space available. Ambulances wailed night and day.

Rosa Peterson, '12, was working for the health department during the epidemic and had eighty patients in the First Methodist Church on Fifth and K. The schools were closed so the teachers came to help.

The treatment was bed rest, quinine, and urethane used as a sleeping medication. Fluids were forced, and so much citrate of magnesia was consumed that shortages developed. Pneumonia jackets were used to keep the patients warm. These were woolen batting covered with gauze and cut like a Mae West jacket.

Records of medieval pandemics mention influenza as early as 1357 and as one of many spread by the Crusades. It was regarded as a cosmic or celestial influence (*influentia coeli*), for which it was named, and has been pandemic and epidemic over the New World and Old World ever since. The epidemic of 1918-19 was probably transmitted from China (March, 1918) by Indo-Chinese troops landing in France, characterized by fatal pneumonias and empyemas, frontal and maxillary sinus infections, and encephalitis.²⁰

The pandemic of 1918 was the most destructive in the history of mankind. Historians rank it with the Plague of Justinian and the Black Death...

It is still not fully understood where the influenza came from or how it spread... There were many theories advanced. Some said it was caused by infected dust, swirling around the world; some said it came from the war dead, rotting on the battlefields of Europe; others said it was from clouds of carbon dioxide, rising from massed troops in the trenches, or from the gas warfare the Germans introduced. One source suggested that the cause was a simple one: lack of sugar in the war-time diet. The spread was difficult to explain. If it came from human contact, how come it wiped out remote Eskimo villages in the Arctic, hit lonely shepherds in Montana and Idaho and people on the South Sea islands?

The onset of the disease was sudden, manifested by fever and headache. Incubation period was a day or two, and the initial seige lasted only three days or so, but complications such as bronchitis or pneumonia were common. Very often, a flu victim, seemingly on the way to recovery, would sicken and die in hours. It was devastating to pregnant women, resulting in thousands of abortions and miscarriages, and often in loss of both mother and child.

Many a "sure cure" was heralded such as wearing a nightcap, sprinkling sulphur in the shoes, inhaling snuff, making chest poultices of diced onions and rye flour, etc.

In more recent years, pandemics have hit in 1957 and 1968. None have surpassed the scourge of 1918-19. The nomenclature of the strains is taken from the location where the disease is first reported, although it may not necessarily have originated there. Outbreaks subside for a few years and another strain starts in a new spot. Vaccines have to be streamlined to fit the new, and time is consumed while the disease spreads.²¹

The "sure cures" had no effect in the past. And after more than 600 years the American Public Health Association announced, in 1970, that there is no specific treatment. Sulfonamides and antibiotics should be used only after bacterial complications arise.²²

Wilfred Smith resigned as superintendent of the hospital in 1918 and Clarence J. Cummings was appointed to replace him. He was 39 years old and had had several years' experience in business and accounting.

Mr. Cummings proved scrupulously democratic. There was no doubt when he abolished the private dining rooms and obliged all staff members to go through the cafeteria line and carry their own trays. The graduate nurse faculty were very put out with the communal arrangement. They missed the higher quality food which had been served in the private rooms.

The end of the war saw more unrest and desire for change. The shipyards did not close until 1923, but the shutdowns were anticipated and the insecurity to come was an added worry. So many families had migrated from the Midwest to be stranded without war jobs. Lumber and logging companies and all the businesses allied with it were paying very low wages. This was realized

by the owners, but it was difficult to get them together to agree on a raise. The I. W. W.'s (Industrial Workers of the World) became very strong in the Northwest, radical and almost revolution minded. Strikes were prevalent, and soldiers were stationed on corners to prevent riots and to guard non-striking workers. Troops back from the war took it upon themselves to arm and ride to the lumber camps to dispel the I. W. W.'s. Finally, to bring about unity again, the wages and working conditions were improved and Tacoma's economy as well as that of other Washington cities began to brighten.²³

A rebellion on a small scale was staged by the student nurses. The school cap had started in 1895 as a teacup-sized, ruffled bonnet and changed about 1906 to a replica of the Florence Nightingale style. This was, roughly, a square piece of material, hemmed all around and tucked in the back to fit the curve of the head. The front was folded back and, when stiffly starched, made an attractive frame for the face. Now, in 1918, the young women decided they wanted a peaked cap, but it was a whim of the times and they reverted to the Nightingale style again in the '20's.

Nurses' caps go back to the Middle Ages when the wearing of a bridal veil denoted humility and obedience. Women who cared for the sick wore a veil for these reasons as well as to cover the hair, worn long then and not easily washed. Today's cap is a modification of the veil, still a badge of service but more an insignia of pride and dignity, setting nurses apart from other workers about the hospital and commanding confidence and respect.²⁴

More girls had been accepted for the training school during the war years and the number of diplomas granted grew accordingly. Now the war was over and the need was not so great. The 1918 Ward Rules for Nurses had a decided negative tone. Listing a few of the must never, do not, and must not:

The corridor must never be left without a nurse in charge. Nurses may not leave the corridor when on duty without permission; they may not receive visitors when on duty; are to implicitly obey all orders; are not to visit patients' rooms except in the discharge of their duties; must not visit any part of the hospital when off duty; are forbidden to give any medication without an order; are not to use hospital telephones; gentlemen visitors must not remain after 1:30 P. M., etc.

The number of nurses in the training school dropped, no doubt because of stringent stipulations like the above. Today's nurse has never seen anything to resemble "ward rules." About the middle of the '20's a new approach to the nurse's conduct was made in the form of a class termed Ethics. This was taught by the director of nurses herself, so there would be no misunderstanding as to its importance. The class consisted of a series of lectures on what a good nurse is and does, rather than on the negative tone. Hypothetical problems, very often real, were discussed and solved by the group, with a sage eye and ear of the director absorbing all details for future playback when needed. Later years modernized this class under the term of Professional Adjustments, but the target remained the same.

There were nineteen graduates in the 1919 class. Five of those died within a year--one, by drowning; one, with influenza; one, with tuberculosis;

one, with a kidney ailment; and one, with hyperthyroidism.

Contrary to anticipation, there were fewer nurses after the war and more for them to do. The married nurses removed their caps and returned to their families, but many nurses elected to remain with the armed services and many who didn't were many months delayed in the mustering out process. Then, too, the war and increased industry had opened doors to new fields. Institutional general duty nursing was not yet common--that is, the hiring of graduate nurses to care for the patients--but increased hospital activity and upgrading of training school requirements called for more supervisors, head nurses, and instructors. Office and industrial nurses were coming into demand, and the public health nurse had already established her worth.²⁵

Many migrants here for the war work in the shipyards and soldiers stationed at Fort Lewis liked the coast and climate and decided to stay. All departments of the hospital showed an increase. The maternity department led the increase with the first real boom in 1915 when births climbed to over fifty. The next year went into the hundreds until almost 500 was reached in 1919. The beckoning hand was held out to young women to enter the training school again.

It was in 1919 that the private duty nurses raised their fees to \$5 because of inflation. This was still for a twenty-four-hour day. The high cost of living was beginning to affect everybody. But who cared? The war was over!

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CHAPTER FIVE

The transition into the 1950's was a period of expansion and growing progress for the Tacoma and Tacoma. The city's population increased from 24,711 in 1940 to 34,865 in 1950. There was a real estate boom and building programs reached record levels. Up went the East Building, the Washington Hotel, the historic Olympic with its large theater on 5th Avenue, the Scottish Rite Club, the new bank, and the \$1,500,000 Veterans Hospital at American Lake. There were 4,000 patients admitted in 1949 at Tacoma General Hospital and a payroll of \$25,445 to 155 employees, which included the resident nurses.

The hospital started the Bevinson system of managing nursing personnel and during the early 1950's. Patients on all five of the mother's ward-nursing units were taken. Roughly, 600 patients per year required positive blood counts. Though there never had been an effort, the hospital would not have been troubled in the hope to that they might be treated early in life. As to the baby's weight assured even more exact identification.

In 1951, while the postwar population explosion was taking place, Dr. David Johnson, who had just earned his M.D. from the University of Washington, returned to Tacoma. Born in St. Paul but raised in Tacoma, he wanted to establish his practice in the western town. Because he loved babies, he had decided to specialize in their care. The value of the times was lessened by condensed milk, which made the babies so fat for good health. He consulted Dr. Christian Gavel, one of the longest-established physicians in town, but Dr. Gavel shook his head. "What we need in Tacoma," he said, "are good men to deliver good, healthy babies and then keep them that way. Why don't you make a P.O. in obstetrics and then you can follow up on the care of the babies."

That observation started Dr. Johnson thinking. Obstetrics was a department of surgery but at that time had the least skillful operatives. One of the new ones died. He made his decision.

After a postgraduate course at DePaul's Chicago Lying-In Hospital, he opened his office at Eleventh and K Streets. He delivered five patients in 1951; thirteen in 1952; and twenty-three the next year. Quite a few were born at Tacoma General but home deliveries still predominated. Over the years until World War II, he had had 1,000 home deliveries with the most table never always placed for the doctor's convenience while waiting, and the squeaky floorboard where the father paced. Then, the trend turned to hospital care for births and all his deliveries were at Tacoma General. The highest score for a single year was 619 in 1943, during the blackout period.

CHAPTER FIVE

THE transition into the '20's was a period of expansion and growing prosperity for the nation and Tacoma. The city's population increased from 83,743 in 1910 to 96,965 in 1920. There was a real estate boom and building permits reached record levels. Up went the Rust Building, the Winthrop Hotel, the Masonic Temple with its large theater on St. Helen's, the Scottish Rite Cathedral, many banks, and the \$1,300,000 Veterans' Hospital at American Lake.¹

There were 4,700 patients admitted in 1920 at Tacoma General Hospital and a payroll of \$57,442.54 to 155 employees, which included the student nurses.

The hospital started the Bertillon system of fingerprinting mothers and taking the baby's footprints. Prints of all five of the mother's right-hand fingers were taken. Roughly, 600 births per year required positive identification. Though there never had been an error, the footprints would help detect foot troubles in the baby so that they might be treated early in life. A tag on the baby's wrist assured even more exact identification.²

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He drove at night with lights dimmed and shaded; and the hospital was a shadowy, brick bulk with windows blackened.

David Johnson was one of the pioneer specialists in any field in Tacoma in 1922. It was the era of the general practitioner.

Growth and change continued at Tacoma General. E. P. Truedson, a qualified druggist with many years' experience, took over the pharmacy. He dispensed antitoxins, serums, medicines, and drugs of all kinds from a complete prescription department.⁴ The era of the pharmaceutical detail man had not yet evolved, and the doctors generally wrote prescriptions to fill their particular needs. The detail man came into being about the middle '40's, not a salesman but a man who contacts all the doctors and pharmacists and informs them of new products his company has for specific treatments. One of the main critics of this system had been the pharmacist who feels that he has been relegated to the role of pill counter.

The members of the board in 1921 were S. M. Jackson, president; William Virgens, vice-president; Chester Thorne, treasurer; E. L. Garretson, secretary; W. R. Rust; J. L. Carman; H. F. Alexander; Everett Griggs; C. M. Riddell; J. W. Slayden; F. W. Keator; William Jones; C. H. Jones; S. M. Perkins; George T. Reid; and C. J. Cummings.

These men wished to comply with the hospital standardization program of the American College of Surgeons. The program focused the attention of the hospital administration, physicians, nurses, and the public upon the obligation of all concerned to consider maximum scientific services to the patient.

An efficiency committee was organized as a manifestation of the cooperative relationship existing between the professional staff and the managing board of trustees. It was the agency through which the entire professional staff exercised its watchful supervision over standards of efficiency to all aspects of care for the sick.⁵

This prompted innovations and updating which, in turn, demanded more space and relocation. Since 1915 nutritional medicine had advanced so far as to require an expert dietary department at Tacoma General. So, in the latter part of 1919, Eva Hunt joined the staff as dietitian. Dietetic laboratory and classroom space was found in the so-far-unused diet kitchen on the first floor. Now, in 1921, another room was given just north of the elevator in the basement for a demonstrating classroom.⁶

The dining room was enlarged. Partitions were removed so that the dining room was now about sixty feet long. Space was allotted at the southern end for the piano and chapel services. The director of nurses and the superintendent ate at the far south end and classes graduated down the tables--the "probies" nearest the kitchen. There were long, unfinished tables that required cloths. They were placed lengthwise, running parallel along the wall with aisles between.

The office staff needed to be enlarged. The switchboard was enclosed by the construction of a glass partition on the outside wall to facilitate hearing by the girls on the board and to allow the girls in the office more quiet to work.

Descriptions of various areas of the hospital are given in the first annual publication known as "Naukapa," put out by the graduating class of 1921. The name was an Indian derivation meaning "service." Just three copies of the

first issue are known to survive. It turned out to be many, many years before optimism bloomed with another annual--about 1934.

Third North (5A) was known as "the land of the kiddies." Room 307, once the pneumonia ward and the present-day 5A chart room, was transformed into a playhouse. There were six new beds and a baby crib plus little, white cupboards for each bed. The walls were bordered with pictures of Mother Goose rhymes and a tall, white pedestal held a large bowl of goldfish. Every day a canary named Dick was brought in to sing for the children. Those who were convalescing had little, red chairs and tables. Another ward was similarly redecorated for older boys. The rest of the floor was taken up with four-bed wards and the large, ten-bed ward for women.

Interspersed among the descriptive articles are nonsensical ditties apparently favored by nurses through history:

NURSING IDEAL

She stroked his fevered brow,
She smoothed his tumbled bed.
She gave him cooling drinks,
And bathed his manly head.
She fanned his burning cheek
'Mid whispers low and sweet--
She was a dainty figure
In her uniform so neat.
He gazed upon the nurse
In rapture, joy, and love,
She surely was an angel
Sent down from heaven above.
Her touch was soft and gentle,
Her hand so soft and white;
It was just bliss to lie there
And keep her in his sight.
Of course, he soon recovered,
With such tender love and care.
He couldn't live without her
So they were made a pair.
And now they are so happy
In their blessed little tent
He thanks his lucky stars each day;
For the timely accident.

IN THE REAL

She soaked his dirty feet,
And scrubbed his filthy head,
She gave him a dose of quinine
And straightened up his bed.
She let the wind blow thru his whiskers,

While she aired the room out, too,
 She was a practical creature
 In her uniform of blue.
 He glared upon the nurse,
 He cussed her and he swore,
 For she was cross enough to start
 The sweat from every pore.
 She had no time to bother
 There were others needed more
 And wildly thru his bed
 The poor old patient tore.
 Of course--you know--he died, from what?
 The doctors could not tell
 For she was a torturing devil
 And hospital life was hell.
 And now you'll find him wasting
 In those regions underground
 But he thanks his lucky stars each day
 That no nurse can there be found.

----L. J. Marlatt, '19

The surgery was described as having a daily average of three major and five minor operations. During the month of January, 1921, there were ninety-seven majors and 118 minors. The summer months brought a host of tonsil cases, as many as twenty a day.

An individual surgery was described as holding the ponderous, nickle-plated table in the center with a circle of reflected lights above. The lights were adjustable and could be tipped from side to side or raised or lowered. The tables cost \$650. The anesthetist's stand was also an item of interest. There were various emergency drugs which could be given at a second's notice, drugs which checked hemorrhage, such as pituitrin, or stimulants such as camphorated oil and strychnine.

The watchword of surgery was asepsis. Floors and equipment were scrubbed thoroughly and carbolized daily. After the operations were over for the day, a stream of steam coming through a long, metal hose was directed into every crack and corner.

The "Glove Mender" cannot be overlooked because she is already a person of the long-forgotten past:

All day thru she sits on her stool,
 In her powdery, dusty place,
 And mends the surgery's holy gloves,
 With powder all over her face.

Some gloves are good, and some are bad,
 Some holes are big, and some are small,
 Sometimes a dozen holes to a glove,
 Which is not worth mending at all.

She cleans the hole with gasoline
And covers it over with glue,
And fits the patch on its future place,
Then swabs off superfluous goo.

Her little wooden hammer she takes
And taps, and taps, and taps,
She turns the fingers from side to side
And raps, and raps, and raps,

Until the patch is pounded down
And all the edges flat;
Then she takes it off the mender,
With a last, retouching pat.

She blows it up, and close to her ear
Hears a soft, caressing sizzle,
And she knows that her patch was put on wrong,
That her work has turned out a fizzle.

Undaunted by this she puts on another
And does it the same old way,
And taps and patches, and patches and taps,
Throughout the live long day.

I wonder, when surgery work is done
And in Heaven she's earned her place,
If she'll mend the Angels' Holy gloves
With powder all over her face.

"Naukapa" described the maternity ward as having accommodations for about thirty mothers. The nursery had frilly curtains and blue ruffled bassinets, with a daily average of twenty-five occupants.

George Smith was still very much rooted to the hospital. Every nurse took her turn in the emergency room, George's sanctum. If the nurse was observing she learned many things of value, but if she removed as much as one bottle from the windowsill or one whetstone from its accustomed place, the wrath of George was upon her. He was sixty-four years old now and bald and deaf, but otherwise in good health. His two unbreakable habits were smoking his blackened pipe and one night a week at a K Street movie.

The little magazine listed sixty-four doctors on Tacoma General's staff in 1921. Their offices were in the St. Helens Clinic, 704 St. Helens Avenue; Tacoma Clinic at One North Broadway; the Fidelity Building; Puget Sound Bank Building; Rust Building; Perkins Building; Provident Building; and Jones Building. A few were scattered in outlying districts.

Dr. E. D. McCarty, roentgenologist and formerly with Peter Bent Brigham Hospital of Boston, came to take over the X-ray department of Tacoma General in 1922. X ray had been discovered just twenty-seven years before and already

was assuming a role in treatment as well as diagnosis. The hospital bought the latest and best equipment. One of the machines at a cost of \$10,000 was being used to fight cancer. It was housed in a lead-lined room and the operator watched his patient through a window of glass one inch thick. This machine could direct 300,000 volts of electricity to the cancerous growth. Room had to be made for the new equipment, so housekeeping supplies were moved north toward the laboratory and their former room used for X ray.⁷

Physiotherapy is a science dating back as far as the Romans and their bathing palaces, but the name and the application of the art as a therapeutic measure did not come into its own until the first World War. It consisted mainly of external stimulation through massage, active or passive exercise, heat, water baths, or a combination of these. Dr. E. A. Rich, the Tacoma orthopedist, talked to Mr. Cummings and was instrumental in persuading him to give a room in the hospital to start the program next to the laboratory in the basement.

Madelaine Platt, Tacoma General's first therapist, came to Tacoma in 1922 to visit a friend. Marguerite Irvine, Dr. Rich's therapist, asked her to fill in for her while she took a vacation. While Miss Platt was there, Mr. Cummings asked her if she would work with Miss Irvine to establish the planned therapy department at the hospital and take charge of it. She agreed, and chose three plinths, a diathermy machine, a leg and arm continuous water bath, an electric current machine, and an ultraviolet machine, later adding a water-cooled ultraviolet unit. While not a doctor, Miss Platt was an excellent technician, graduated from the Toronto School of Orthopedic Surgery and Physiotherapy at Toronto University. During the four years she was at the hospital, a thermal cabinet unit and a hydrotherapy unit were added, and by 1926 she had been caring for about twenty-five patients a day. Then, it was decided that a medical man in the department would greatly help in consultation with the hospital staff and Dr. W. R. Leverton was appointed.⁸

In 1922 the nation celebrated the first Hospital Day in commemoration of the 101st birthday of Florence Nightingale, the mother of nursing. The next year, Mr. C. J. Cummings was made National Hospital Day Committee-man.⁹

Also in 1922, Tacoma and the hospital were brought to the nation's eye with an article in "Hospital Management" written by Eva Hunt, the dietitian, describing the dietary department:

The center of the department is the main kitchen, where two Chinese cooks with their corps of assistants prepare the meals not only for the nurses and employees but for those patients who may be served a general diet. Although located in the first basement, this kitchen is very light and airy, having windows the entire length of two opposite sides. It is equipped with a large, three-section gas range; a bread toaster; gas bake ovens; steam cookers; potato masher; meat chopper; dishwasher; etc., all operated by electricity. Food is sent to the diet kitchens in large, aluminum containers by means of electrically operated dumbwaiters.

On this basement floor is also located a small kitchen equipped with sink, gas burners, refrigerator, table, chairs, and a cupboard well supplied

with dishes that are "different." There is also found here, at all times, a supply of bread, butter, milk, tea, coffee, etc., so that any nurse who may feel the need of something to eat during the evening or at any other time when off duty may have a place to prepare herself a lunch.

There are three diet kitchens from which the food for the patient is served. The dishes, although heavy enough to withstand the rough usage that they will always receive in an institution, are very attractive with their blue-gray band and the hospital monogram at one side. And the aluminum trays are large enough to hold all the necessary articles without producing a crowded appearance. An efficient steam table into which the food containers are put as soon as they arrive from the main kitchen, on enclosed electrically heated trucks for carrying the trays to the wards, and the speed with which the serving is accomplished assure the patient of having hot foods served as hot as possible. New dishwashers are very shortly to be added to the diet kitchen equipment. . . ¹⁰

The two Chinese cooks mentioned in the article remained at the hospital in that capacity for many years, and one remained for many months more as a patient in isolation--dying from tuberculosis.

The site of the first Fannie Paddock Hospital was marked in 1922 by the Tacoma Women's Club with appropriate ceremonies and a dedicatory program in St. Peter's Church. The huge, beautiful rock is still there, but the bronze plaque was removed and is now in the hospital vault. ¹¹

In January of that year, Mrs. Jane C. Bradley willed the hospital \$48,291.06, which was used to reduce the original loan. ¹²

Automobiles were becoming quite common. Just an occasional horse and wagon were seen on the city streets. People who could afford it (and wanted to tinker) sat up all night to see what they could hear on the "crystal set" radios. It was this year of 1923 that President Warren G. Harding spoke at the Stadium on July 4 and made national headlines from Tacoma when he announced that the steelworkers had won the eight-hour day. ¹³

Mr. Cummings made himself nationally famous as a hospital administrator with his outstanding work as Hospital Day Committeeman. Tacoma General Hospital was approved by the American College of Surgeons, and the hospital started a bulletin called "Tagenho," designed for the benefit of the public as well as the personnel of the hospital. ¹⁴

This bulletin told of various departments in the hospital. Miss Minnie V. Hill was now director of nurses and stated that her staff consisted of a superintendent, instructress of nurses, night supervisor, surgical supervisor, maternity supervisor, dietitian, two floor supervisors, three full-time and one part-time anesthetists, and seventy-five pupil nurses. ¹⁵

The laboratory became more vitally important in diagnosis and prognosis. The miracle of insulin had been discovered in 1921 by Canadian-born Frederick Grant Banting and an American born of Canadian parents, Charles Herbert Best. Insulin is a hormone secreted by the islets of Langerhans, cells within the pancreas, that is essential for the metabolism of carbohydrates and is used in the treatment and control of diabetes mellitus. ¹⁶ Millions of people who were unable to supply their own needs of this hormone would die every year of what

had been termed "the melting death" since before the time of Christ, as flesh literally turned to urine and the body wasted away. The Greeks named it "diabetes," meaning "a passing through,"¹⁷ and the Romans, noticing that bees were attracted to the urine of diabetics, added "mellitus," a word meaning "sweet as honey."¹⁸

The discovery was so new that it was still in the experimental stage, but it was known that the amount of sugar found in the urine and the blood determined diet and the dosage of insulin to be given. Dr. E. G. Cary was in charge of the laboratory in 1923 and Dr. P. A. Scott succeeded him in early 1924, bringing a complete revision of methods in blood chemistry.

The first issue of *Tagenho* was printed in December of 1923. There had been more than 2,500 operations over the past year, more than 500 babies; the institution had served 22,000 meals every month, and owned its own laundry, ice plant, and tennis courts. The tennis courts had just been completed on the site of the torn-down first laundry on the southeast corner of the block. The new laundry was a long, narrow, cement building which extended perpendicularly from the back end of the main building, parallel to the driveway leading to the morgue and stores delivery. It was probably the coolest laundry building for the workers that has ever been built, before or after, with large windows running the length of both sides allowing plenty of breeze. Mr. E. F. Richardson was in charge.

Tagenho also reported that some 2,000 X-ray exposures were made during the past year and Ethel C. Pipes had succeeded Eva Hunt as dietitian. Also, reminding everyone of the days when personal contact was still possible was an article entitled, "Bills Collected Every Saturday":

Saturday morning! The working man's payday! The Collector's glory! This is the time for the beginning of our story. The setting is every floor and every room in the hospital. Bills have been prepared on Thursday and Friday for all patients, no partiality having been shown, and the only escape lying in the fact that some thoughtful relative might have been at the office the day before and paid the bill.

A rather lonesome looking girl starts out with the first floor, carrying many bills in her hand, lonesome because everyone seems to stay clear of her. If the wheelchair patients see her they say, "Here comes that bill-chaser," and try to wheel themselves out of sight.

If it were not for this collection system, there would be no way of keeping in touch with each patient's account, and the hospital would soon fall in debt.

The little magazine also described the big boiler room with its double return-tube boilers rated at ninety horsepower each. The Dutch ovens used sawdust, fed from a motor-driven conveyor, for fuel. Heat and power were generated and ice making machines turned out 600 pounds of ice every day. The conveyors carried 1,200 cubic feet of fuel every twenty-four hours. The ice making and refrigerating machine was a five-ton, single acting machine with a brine pump and was kept working daily, turning out its quota of ice for the hospital. H. B. Selvig was the chief engineer.

There were twenty-seven employees in the housekeeping department headed by Mrs. Helga Johnson. The housekeeping personnel had one afternoon a week and every Sunday afternoon off.

The duty of the record clerk or historian, Miss Bess Landon, was to keep charts up to date. The chart consisted of the graphic, a finely lined sheet which depicted temperature, pulse, and respirations rise and fall at a glance, the clinical record, history, operative record, laboratory report, and progress record. The record department was still in the small room at the south end of the basement.

The student nurse probationers' initiation was a harrowing experience. Continued year after year, it became a little more dangerous each year until it was finally curbed into a more playful rite sometime in the '30's. A 1923 episode is described in Tagenho:

Draped in sheets and masked in pillowcases the seniors seized the young nurses and dragged them to the morgue, previously made ghastly by dim candles and other "spooky" effects. The probationers were then obliged to kiss a life-sized doll that had been smeared with Vaseline.

Blindfolded and taken to the nurses' home they were daubed with black paint, playfully tapped in the faces with a cloth dipped in ammonia, introduced to a skeleton, and given a sumptuous meal of toothpaste, soap, dry crackers, cold cream, and apple cores. A wading party in the cold waters of Wright Park pond and a search for clothing ended the festivities.

The printed version was probably tame compared with the actual experience. Of course, if the "probies" lived through it, they had great fun telling everybody about it and were probably prepared for anything that might happen to them for the next three years. However, some of the girls required hospitalization.

The hospital was firmly settling into its place in the community, and people were regarding it as a friend in need. Now, doctors began to advocate yearly checkups and advised their patients that it was better to find out about their health before they became ill. Some people actually came into the hospital just for examination.¹⁹

The hospital acquired the home of Dr. W. W. Pascoe, at 302 South K Street, as a faculty residence. This made it possible to separate the faculty from the training school. A year later, in 1925, a new, brick building was erected on the front of the lot closer to the street, and the Gregory home next to it was purchased. A covered walkway united the two buildings. This added twenty rooms and several baths.

The name "Tagenho" was changed in 1924 to "The Tacoma General Hospital Bulletin." Changes and improvements were still taking place in the building.

A basal metabolism room had been added to the laboratory area. This was to hold the machine which measured the turnover of energy in a fasting and resting organism, and a bed for the patient. This was a comparatively new test used solely for determining the activity of the thyroid gland. And Dr. Scott, newly with the department this year, also arranged for a more complete set of facilities for rapid tissue examination.

The physiotherapy department opened up another adjoining room, added two more tables, a new air- and water-cooled ultraviolet lamp, and a vibrator. About 6,000 treatments were administered during the preceding year.

The old, iron hospital beds were replaced with Simmons hospital fracture beds. They were made of steel and were adjustable by crank or lift to any position, thus doing away with the cumbersome, old, iron headpiece that was employed when the patient wished to sit up. This headpiece was a triangular-shaped wedge that was placed under the mattress, as wide as the bed, and resembling a metal latticework. Necessarily, it took two nurses to get it in place.

The crank beds were a boon to patients and nurses alike, working by turning a crank at the foot of the bed which lifted the headrest. The spring was of woven wire on a heavy, steel frame, hinged in the middle to allow the top to rise, working somewhat on the principle of a tire jack.

The lift beds, of which there were by far the most, operated on the hinged brake also, but the nurse supplied the lift. Very heavy patients required two nurses for power. A rod dropped down under the spring to catch into notches and hold the position. Busy nurses often managed alone rather than run for help and many a backache resulted. Then, there was the problem of getting the patient flat again. There had to be the exertion of that extra lift to release the supporting rod and then brace carefully while the top was lowered lest patient and backrest go down with a bang.

All the old, wooden furniture was replaced now. Bedside stands, tray tables, and dressers were all made of steel with artificial mahogany or walnut finishes.

Hospitals were now scientific institutions ministering to the sick, brought about by standardization started in 1921. Before that, records were poorly kept, surgeons could operate whether or not they were qualified, and there were instances where doctors would refer a case to a surgeon regardless of the quality of his service so they might receive a larger "split" of the fee collected from the patient. Laboratory tests and records were neglected; and when a tissue was removed it was either diagnosed at the hospital, taken to the doctor's office for inspection, or thrown away.

Under the plan outlined by the American College of Surgeons and adopted by the hospital, an efficiency and advisory committee of several medical men was appointed by the hospital. The chairman of this committee was then selected by the visiting staff. This committee met not less than once or twice each month to consider medical matters of vital importance to the hospital. This committee functioned in a purely advisory capacity. The board of trustees had the final say.

Actual operation work at the hospital was in complete charge of the superintendent. He made his report to the president of the board of trustees, but at all times he worked in close cooperation with the physicians because of the coordination mandated by standardization.²⁰

It was 1924 that the hospital was approved by the American College of Surgeons for intern training. There had been many before, but the first two under the approved plan were Dr. H. C. Christopher and Dr. Darrell H. Running.²¹

Cancer was one of the leading killers in the '20's as well as the '70's. Today, there is a rash of reading material on understanding and comforting the terminal patient; an effort to instill knowledge and empathy of the patient's confrontation with death, his fear of it and psychological reactions. Disbelief, hope, acceptance, and surrender should all be shared with the afflicted person instead of the platitudes of denial and avoidance that most times are the reaction of the family, nurses, and physicians.

However, concern for the cancer patient is not a modern-day development. A consultation service for malignant disease was started in 1924 which would consist of a pathologist, radiotherapist, and a surgeon or physician or both. The object was to aid cancer patients and to help relieve suffering. Another and very important objective was the accumulation of data about cancer that could be used in treatment of new cases.²²

Another matter of interest: "the management and personnel of the hospital are extremely grateful to Postmaster C. J. Backus for his kindness in placing a special mailbox in front of the hospital for the use of its patrons. The new letter container does away with the necessity of making trips to the corner to mail missives and is proving a great convenience." The corner was Sixth and K.²³

This was also the year that Tacoma lost a long-fought battle with Seattle over the name of the mountain. It officially became Mt. Rainier.²⁴

The weekly rates for 1925 were \$21 to \$28 for wards and \$35 to \$42 for private rooms.

In the spring of this year, the hospital bulletin stated that during the past year they averaged 160 beds, sometimes taxed to the utmost with extra beds in the halls. Again, 5,000 patients were treated, and over 600 babies were born. Arrangements would soon have to be made to increase the size of the hospital, commensurate with the needs of the community. Actually, thought had been given the subject for some time. At the staff Christmas party in 1923, someone had playfully presented Sam Jackson, the president of the board, with a toy truck full of bricks.

It was announced in September of 1925 that a new, \$200,000 wing was to be added to the hospital. A few, generous bequests had been made to the institution during the past years by persons who knew of its ability to help the community. Some of these were through endowment funds to be paid outright and some as annuities. It was decided that the need was sufficient to now use the money for the new wing. Completion would be about the first of June, 1926, and it would be five stories high.²⁵

The ground floor would contain two large isolation wards, two private wards with separate kitchenettes and lavatories, sterilization and utility rooms. The next floor was to have fourteen semiprivate wards providing accommodations for twenty-eight patients.

The next two floors above would each contain eight private rooms with baths and three wards accommodating sixteen persons on each floor. A similar number of private rooms with shower baths would be on the top floor, together with one semiprivate ward and operating rooms used in connecting the space on the top floor of the south wing of the present building with the new wing for use as a maternity department. (Note that the two wings were

to be connected at the south end.)

All of the floors would be connected with the main building and would have special lighting, signal, radio, and electrocardiograph systems. The furniture would be all metal, more germ proof, pastel colored, and the walls tinted to match.

Mrs. Cecile Tracy Spry, director of nurses in 1925, stated that the present staff of student nurses was eighty-five but would be increased to 105 or more through the additional requirements of the new wing.²⁶ Anticipating the need for more student facilities, a large classroom (which also served as chapel) was established in the west side of the basement and across the hallway from the dining room. These rooms had been the record area and storage rooms for various supplies. And with the new classroom, the reception room of the nurses' home was enlarged into the full width of the building by eliminating the classroom there.

Students were now on duty just eight hours a day with classes scheduled on their off-duty time. They were given a half day off during the week and a half-day on Sunday plus two weeks' vacation a year. Besides the regular ward duty, they were given experience in the diet kitchen, laboratory, drug room, physiotherapy, X-ray, surgery, and maternity. They were also given head nurse duty by assigning them to take charge of a floor in their senior year in order to develop any executive ability they might have.²⁷

It was through the efforts of Mrs. Spry that a housemother was obtained who would live in the residence with the nurses. She was Mrs. E. O. Dutro, the widow of a Portland doctor.²⁸

The hospital gardens and their poet manque keeper are featured in the 1925 bulletin:

The rhododendron bushes which grew on either side of the sidewalk approach to the main entrance of the hospital have been removed to the side parking strips and their places taken by flowering plants whose term of bloom is longer than the dainty, native Washington flower. Much attention has been given by Mr. Pike to the planting of suitable varieties of roses. "We hope to make the front lawn one big rose garden," said Pike, "flower beds standing as jewels in the midst of it, so that from whatever angle the visitor views the hospital, roses en masse will greet him." "As the first flush of bloom dies away," he added, "the stately lily will tower above the rose bushes and the rival queens will be surrounded by their courtiers, the carnations, larkspur, pansies, Canterbury bells, phlox, sweet williams, and other favorites."

The east wing, built in 1925-26, adhered to the original 1912 plan which would have eventually materialized into eight wings covering the entire block. However, the architects of even that recent a date were unaware of the ancillary buildings which would be necessary to the operation of a fast-growing institution. So the plan was abandoned and a three-story dormitory was built on the northeast corner of the block to house the interns and employees. Between the dormitory and the nurses' home, a new power plant was erected facing J Street and connecting with the laundry building. This

plant burned "hog fuel," or coarse sawdust, and it required a tall smokestack. It sat on top of the building and extended about 120 feet into the air--a Tacoma landmark. After World War II the hospital converted to cleaner burning oil and about twenty feet of stack were removed.

With the physical plant greatly expanded in 1925, an automatic call system was needed. A notable time-saver, the system did away with the switchboard operator's having to call each department in search of some supervising staff member. It was an arrangement of gongs, each person assigned to one, two, three, etc. No doubt the tones were meant to echo and carry, but what a hollow, eerie sound they made! It unnerved many a student nurse and apprehensive patient.²⁹

Ethel Pipes, dietitian since 1923, moved her office from the north end of first floor to the snack kitchen in the basement, thus ending another nurse privilege. But this located her closer to the main kitchen and her office-laboratory now had a splendid, new electric range, icebox, combination dish and vegetable sink, and a new cupboard.³⁰

The old bakery and orderlies' dining room were combined to make a large, new bakery. As soon as the power plant was finished there would be a new, electric bake oven, and it was intended to produce homemade bread for the entire house. New gas broilers were installed, and a dining room on the west side of the basement hall was built for the nonprofessional help.³¹

The physiotherapy department expanded through another partition and added the latest model electric cabinet with a shower and a new hydrotherapy tub. The quartz and alpine lamps were both running for hours together daily and were treating much more varied types of cases, such as discharging compound fractures and tubercular gland cases which were slow to heal.³²

The X-ray department added a new plate shifter and an eye localizer. The most important diagnostic work of that year, 1925, was the finding of a substance which, introduced into the blood, was eliminated into the gallbladder and made it more dense so that it could be outlined on X-ray film.³³

Three more rooms were added to the laboratory, allowing all routine work to be divided into units, with different rooms equipped to handle each type of work. With the rapidly growing demand for blood chemistry determinations, the setting aside of a special laboratory for this work would prove an essential factor in improving laboratory service. This would also now provide three metabolism rooms. From March 1, 1924, to March 1, 1925, the following work had been done:

Chemical and microscopical urinalysis	12,600
Blood counts	4,300
Reports of tissue removed in surgery	1,672
Blood chemistry tests	400
Wassermann tests	810
Sputum examinations for tuberculosis	200
Metabolism tests	75
Miscellaneous	2,000

The laboratory and the dietetics departments, working closely together

with the physicians, were credited with saving many lives. During 1924, the hospital treated thirty-three diabetic patients, the greater percentage being young people from two to thirty-five years of age. Six died. Three were such advanced, long-standing cases that they were admitted in coma and died without regaining consciousness. Another developed appendicitis and died of abscess. Of the others, one died of diabetic gangrene and the second, of diabetes complicated with nephritis.

A twenty-five year old man was admitted in coma which lasted about sixty hours. Insulin treatment was given; he improved and took a prescribed diet with continued insulin. Prescribed diets consisted of ordered amounts of carbohydrates, proteins, and fats, and each item weighed on a gram scale for each feeding. Few foods fell into just one of the categories ordered, so considerable figuring was necessitated by the dietitian. However, the young man reacted well to treatment, but owing to the severity of the case remained in the hospital seventy-five days.³⁴

Mr. Cummings was National Chairman of National Hospital Day in 1925 and Tacoma General was headquarters. The obstetrical department received particular attention. The hospital won legal custody of a baby for adoption, and the parents were chosen on hospital day. The baby girl stayed for twelve days before being adopted by Mr. and Mrs. Fred Schaller. The nurses had become very attached to her and named her Florence Nightingale in honor of the occasion. The Schallers, who still live in Tacoma, kept the name the nurses had given her and Florence now lives at Browns Point. She is married and has two children and is not at all shy about her name. Else, it never would have come to light for this history.³⁵

Mr. Cummings served as National Chairman for Hospital Day for two years and established a reputation for organizational talent. He was offered the presidency of the American Hospital Association but respectfully declined.

In 1925 there was statewide adoption of the twelve-hour duty for private duty nurses. "Because of the recent shortage of nurses during the war and influenza epidemic," wrote Noreen Kimmerer in "50 Years of Progress," "the nursing profession had been caught in the web of overoptimism. Nursing schools were crowded with new students and within a few years the occupational fields were saturated as the new graduates sought employment. The profession had been warned of 'overproduction of nurses' by the American Nurses' Association and, by the late 1920's, unemployment had reached alarming proportions. King County reported that private duty nurses were averaging only \$25 per month income."

Now, the student nurses were allowed to bob their hair. But though the format of the 1926 training school brochure was more attractive, the career incentives offered were much the same. Strength, health, and good moral character were still stressed. And it stated very plainly that should the pupil prove unsatisfactory, the decision to retain or dismiss her at the end of the probationary term was still at the discretion of the superintendent of the training school. She could also, with cause and with the approval of the management, dismiss any pupil at any time.

There were no tuition fees in 1926. A \$10 deposit was required with the application, but this was returned if the student nurse completed her training.

A monthly allowance of \$5 was granted the first year and \$10 per month the second and third years. It was not considered wages, as the education was deemed full compensation.

The uniforms remained much the same as in 1910 except that, when finished, they should measure eight inches from the floor.

The new east wing opened in 1926 and ran \$75,000 over the estimate with added improvements. There was now a total of 250 beds. The top three stories were opened immediately and the lower two were held in reserve.³⁶

The whole wing was expensively appointed. There were heavy walnut doors on every room and the furnishings and pastel coloring added to the luxury. Each private room had its own toilet and shower. Floors were covered with a strip of heavy, marbled linoleum down the middle and the sides were terrazzo, gleaming with millions of iridescent shell particles. Lights were set into the walls with frosted glass covering for soft illumination at night.

The connecting area between the old and new wings was glass walled for two thirds of the length with glass hallway windows, making sun porches on each floor except the lowest. At the south end of all but the top floor was an outside door--the second, third, and fourth having a walk-out balcony where patients could sit in wheelchairs in sunshine and fresh air.

The fifth floor--the new area of the maternity ward--was truly posh. Most of the rooms were private and, besides having their own lavatory facilities, had private nurseries adjoining. This was for the convenience of those women who had private duty or "special" nurses caring for both them and the babies. These nurses took complete care of their own patients, even preparing elaborate trays. Requests for steaks, ice cream, or other delectables were sent to the diet kitchen and the student nurses who were filling their assignments there sent the food up to be cooked and served by the "special." Ice cream was made by the students. These private duty nurses fawned over their charges and usually accompanied the patient home for several weeks' more of luxury care. This same service prevailed on the medical and surgical floors during this free spending area.

A heavy door separated the delivery room area from the delivered patients. There were two large delivery rooms, one on each corner, with a connecting sterilization room between equipped with an autoclave, water tanks for sterilizing water, and a boiler. This boiler held a tray which submerged automatically when the lid was closed by a foot pedal and was used for sterilizing instruments and rubber goods.

The scrub room branched off to one side and the lying-in room, which accommodated two patients, off to the other. The hospital could expect two deliveries a day at this time. Rooms up the hall were used if there was unusually heavy traffic.

The delivery room, as in the case of most floors, was handled by two students at night from 9 P.M. to 7 A.M., with two hours for rest, if possible. The usual combination would be an older student with a first-year student. The night supervisor monitored all floors and helped out in rushed periods. Doctors stayed close by in the delivery room area.

The south end of the old wing third floor had been a men's ward. The

maternity patients who moved up from the north end of the second floor were accommodated by evacuating the men to vacancies on other floors, but this proved to be unsatisfactory so it was decided to open the second floor of the new wing for them. For some inexplicable reason, this was named Ward A. New students who entered in September of 1926 were housed on the first floor. The old maternity ward was renovated and made into a floor for medical patients; that is, patients in for observation and treatment other than surgical.

The maternity floor retained the ten-bed ward at the south end. The plan to connect the two wings with the delivery rooms did not materialize. The west side of the old wing housed private rooms only. There were four-bed wards on the east side. The large, seven-bed ward on the south end of the middle section was made into a deluxe new nursery. It had thirty-two bassinets and a large sink with a thermostatic bath for the babies. It also had an isolation ward for babies with infectious diseases and two other sections for infants with minor colds.

The large, ten-bed ward at the north end of the floor was subdivided into cubicles and made into a pediatric ward. The rest of the floor remained a women's surgical area.

The casement underwent further change. The nursing staff rose to over a hundred and the dining room had to be enlarged--this time all the way to the end of the south wing.

The area which in 1972 was occupied by the nursing office was, at first, the living quarters for the director of nurses. She later moved to the Pascoe home. From 1923 to 1926 this area held two patient beds and was room 111, but, even before the director of nurses moved out, they sometimes moved her furniture into the hallway and squeezed up to six cots in the space when tonsil cases were very numerous.

The basement classroom further dislodged the cramped medical records department. For close to two years it was obliged to schottische around first floor in search of a permanent location. Mrs. Spry, who became director of nurses in 1925, had come to the hospital as historian in 1924. She worked for awhile in one end of the waiting room. The continual traffic made that arrangement unsatisfactory, so she moved into one corner of the main business office. Thence, the records moved to room 111 which became their home for several years with Mrs. Louise Scott in charge.

Alcoves were left open on each floor as access ways to future wings. The 1926 addition of the east wing was the only use for that purpose ever made of them. The space on first floor opposite the hallway leading east was enclosed for an office for Mrs. Spry. The northern opening on the west side was enclosed as an office for Mr. Cummings. Across the way, a room was created for more office space. The large office on the west side, formerly used by the director of nurses, now became a trustees' room.

Durable George Smith celebrated his fortieth anniversary as an employee in 1926 by presenting Samuel Jackson with a life insurance policy. It named the hospital as sole beneficiary.³⁷

The innovative Flora McLaughlin arrived as dietitian in 1926. She streamlined service by adding a small dining room for twelve next to the diet kitchen

north of the elevators. It was for ambulatory patients on special diets and outpatients who wished to come in and eat special diets ordered for them.

A Mrs. Pfeiffer left the hospital \$10,000 in her will that year,³⁸ and Hugh Wallace presented an endowment of \$10,000 in memory of his deceased son, Thomas.³⁹ Wallace also donated city hall chimes in 1904.

The work load increased for the clinical laboratories. An average of sixty-seven examinations were performed daily. In 1926 the department began a technicians' school and enrolled two students. The twelve-month course was conducted by the pathologist, P. A. Scott.⁴⁰

The winter of 1926-27 saw another serious influenza epidemic. Lena Westborg Neggerson, '26, was night supervisor. So many of the nurses became ill that the whole first floor was filled with them. But the seige of 1918-19 had alerted people to the seriousness; and though the treatment was the same, cases came in to be hospitalized earlier, and home cases were isolated from the rest of the family as much as possible. Isolation precautions were followed more closely in the hospital, and more serious cases were segregated on one end of the floor. When temperatures dropped, the patients were moved to a convalescent ward. Still, there were many deaths.

Times were booming but, even so, a national survey taken the following year disclosed that directors of nursing service were averaging \$210 per month, plus board and room. There was not as yet any general duty nursing.

The cost of care rose again in 1927 at Tacoma General. Delivery room charge was now \$10, which included narcotics, quinine, castor oil, pituitrin, ergot, Mercurochrome, and rectal anesthesia. Gas-oxygen anesthetic was extra. The care of the baby in the nursery was \$3.50 per week, but the nursery now provided a wardrobe. The mother was requested to bring but one set of clothes for the infant to wear home. There was no extra charge for fruit juice or milk nourishments for the mother, or for breast pump service, or formula feedings.

Operating room charges were now \$20 for what was termed "major" surgery and \$12.50 for "minor" surgery. In the '70's the differentiation is mostly made by time consumed and always major if a closed body cavity is entered. In the '20's and for many years later it was major if a cavity was entered, minor if not. The fees for 1927 included ether anesthetic, sutures, and gloves. Ethylene and gas-oxygen were extra.

Patients hospitalized under seventy-two hours were now charged for actual work done. After that, a \$5 flat rate covered lab work for the next two weeks, and \$1 per week was charged thereafter, following the first two. These charges did not include vaccines, blood typings, guinea pig inoculations, or blood sugars.

Private rooms ranged from \$5 per day to \$9. Two beds were \$4.75 in the new east wing and \$4.25 in others; fours, \$3.50; and six to eight beds, \$3. Maternity suites with private nurseries were \$12 per day.⁴¹

The pool of nursing talent shrinks and grows according to prevailing socio-economic conditions of a locality. At this period they were plentiful in Tacoma.

In 1928 the nurses' association reported more nurses, fewer cases, and shorter private duty calls. And still, training schools continued to accept students to cover hospital growth and patient care needs. The glut of qualified

nurses in the labor market forced many out of the profession. The economy continued to rise, but hospitals had not heeded the national nurses' association's warning that they were producing a surplus of nurses.

Other departments at Tacoma General also started schools. Ruth C. Babb, who received her training at Walter Reed Hospital in Washington, D. C., became the head of the physiotherapy department in April of 1928. The hospital started a school to train physiotherapists, fully accredited by the American Physiotherapy Society, and became the first hospital in the Pacific Northwest to receive this recognition and the second on the Pacific Coast.⁴² A school for dietitian interns had also started in 1927.⁴³

William R. Rust, a board member for sixteen years, died in 1928, leaving a direct gift of \$50,000 to the hospital. Besides this, his will created an \$800,000 trust fund with proceeds designated to underwrite care for needy children. His son, H. Arthur Rust, was the fund's trustee and took his father's place on the hospital board of trustees.⁴⁴

Mrs. Sabra Schug also donated a large sum to the hospital this year in memory of her husband, Dr. Frederick J. Schug. The following year she presented the hospital with another gift, bringing her total munificence to \$25,425.08.⁴⁵

One of the greatest contributions to medicine began in 1928. Donald E. Baxter, M. D., began to produce and market packaged intravenous solutions.

During the 1920's, intravenous solutions were used only as a last resort. Frightening reactions were common and sometimes death followed. The major problem centered around a chemical substance called "pyrogen," a by-product of bacteria that cannot be destroyed by sterilization. A pyrogen is not a living organism, but probably a carbohydrate, a foreign substance that the body refuses to assimilate. High fevers and intermittent chills resulted.

Dr. Baxter was the first to produce pyrogen-free distilled water and to package it to keep it sterile and pyrogen free. However, reactions persisted, and the cause was still pyrogen--traced to improper care of administration equipment. So, a training program was initiated in hospitals to insure thorough cleansing of tubing and needles of foreign matter before sterilization. The reactions were arrested. Expendable plastic tubing and needles were not available until 1948.⁴⁶

The second fire of the hospital's history took place in the new faculty house in 1928. Lives of six people who were sleeping were endangered, but they were awakened in time by the smoke to reach safety. Damage was estimated at \$2,000.⁴⁷

In August of 1929 the physiotherapy department opened a swimming pool for children suffering from infantile paralysis. It was an attractively tiled, ten foot by nine foot pool, thirty to forty inches deep. Water temperature was maintained between ninety-two and ninety-four degrees. Ropes and springs from an overhead track supported the children as they swam.⁴⁸

Other departments were refurnishing and refurbishing. All the lift beds were replaced with crank beds, and all new Beautyrest mattresses were purchased. A great many of the old lift beds must have been carefully stored away for later use, because they reappeared as late as the '50's.

The diet kitchens were entirely reequipped with electric ranges,

refrigeration, monel cabinets, steam tables, and metal boxes for crushed ice. The east wing had long been completed, and the access way to Ward A was a perfect location for the dietitian's office and workroom for the students preparing the ordered diets.

Flora McLaughlin resigned as dietitian in 1929 and Eva Hunt returned. At that time the diet kitchen students completed a six-to-eight-weeks' term in their first year and returned for a like period in their senior year. A first-year student's duties included the preparation of salads for patients on general diets throughout the building. They were expected to inspect the large, walk-in refrigerator and inventory trays for leftover food which might be usable. It was fine if they wished to experiment with a new combination but only with Miss Hunt's approval. Failures were not uncommon.⁴⁹

Another duty was to walk across the street to replenish foodstuffs kept in the faculty house kitchen. It was a fun assignment in summer, not in winter.

A more demanding task was baking corn bread for Mr. Cummings. He lunched on corn bread and milk every day and, no doubt, smiled to himself as students anxiously awaited his reaction. There must have been many times when it was soggy or too hard, but he was unfailingly gracious.

The senior students now planned the menus for all patients on prescribed, therapeutic diets. Most of these were not too difficult, but meals planned for the diabetic patients had to be arithmetically correct. All menus were checked by the dietitian and prepared and served under supervision.

It was in October of 1929 that new dining tables, round for the faculty and long rectangles for the students, were purchased. They were of composition in rich shades of brown, used without covers, and were to be matched with mahogany Vienna chairs with cane seats.⁵⁰

Phillip Scott, pathologist, left in October of that year to take a residency in surgery. Word was received that Dr. Dale Martin, formerly with the Mayo Foundation in Rochester, Minnesota, would take his place in April of 1930.⁵¹

Thanks to W. R. Rust, the hospital was able to install new Babcock and Wilcox boilers at a cost of \$25,000.⁵²

Elsewhere in Tacoma, the \$2,000,000 Medical Arts Tower was begun. It would be built close to Ninth Street between Market and St. Helens on the site of the old Masonic Temple and the two-story building which had been occupied by the Buckley-King Mortuary Company. The new building would be sixteen stories high and an innovation in architecture that would make it one of the most distinctive on the Pacific Coast. The central portion would rise to the sixteen stories; the north side six and the south side eleven, accentuating height and allowing more outside wall window space.⁵³

The medical records department moved again. This time it went to the diet kitchen area on the north end of first floor. Room 111 was remodeled to house a new department--a central service supply which would curb waste caused by overstocking of departments. A dispensing clerk would be a checking link between the storekeeper and the supervisors.

All the new equipment, polishing, and refurnishing was completed just in time. The nation was dealt a blow from which it would stagger for the next ten years. Everyone would tread carefully with a wary eye through the valley

of depression. October 24, 1929, was a dark day on Wall Street. "The Associated Press account said a record 12,880,000 shares were dumped. It was not generally realized, but that day marked the end of the postwar boom. By the end of the year the value of listed stocks had dropped \$15 billion. The loss to the end of 1931 was \$50 billion."--from Paul Harvey's "Tacoma Headlines."

Tacoma General Hospital would soon have empty beds in room after room and finally would close wards. It would mean a drop in surgeries. Medical and maternity cases were few because so many were obliged to go to the County Hospital. Dr. David Johnson remembered whole floors at Tacoma General with only two or three patients.

Doctors and hospitals nervously listened to the first threats of socialized medicine.

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CHAPTER SIX

THE sick dollar infected everyone's life--especially the marginally sound finances of the hospitals. The crisis was not reached until 1933 when unemployment reached 24.5--and who could know that this was the turning point? Who could know of the blind scrabble that would go on for years? Unemployment was still nineteen percent in 1938.¹

Tacoma General's Administrator Cummings spoke to the College of Surgeons in New York and attacked wage cuts. He suggested adjustments in salary to protect the wage earner might be made through meal and housing arrangements. A survey of Washington and Oregon hospital patient loads showed a five to twenty percent decrease due to the depression.²

Room rates dropped slightly in 1930, about \$1.00 per day in most of the private rooms. Four-bed wards fell to \$3.50 and many two-bed rooms were created from the private rooms. The charge was \$4.00 per day. Luxury suites, including those on the obstetrical floor with private nurseries, dropped to \$8.00 per day.

Collections fell and there was a further decrease in patients. The book-keeping and stores departments closely monitored accounts and supplies to extend resources as far as possible. This was true for several years. Finally, in December, 1932, it was necessary to make salary cuts for the entire staff. Student allowances were discontinued. Not considered salaries, they had been \$5 a month for first-year students and \$10 for second- and third-year students.

The year 1933 saw the most stringent economies; but though the total payroll then declined, the laundry workers, maids, and orderlies received slight pay increases. For several months they had been working for sixty cents a day plus board and room.³

Another slight drop in room rates took place. An obstetrical patient's account of October 23, 1932:⁴

10 days at \$3.00	\$30.00
Baby 10 days at 50¢ a day	5.00
Circumcision charge	2.50
Delivery fee	10.00
Medications	1.25
Total	<u>\$40.75</u>

The Pierce County Hospital was overcrowded and badly needed more space. In June of 1933 the hospital had 196 patients in an institution which

had been built to accommodate a total of 160. In order to take care of the overload it was necessary to place beds in corridors and crowd others into various wards. Patients with major operations were sometimes placed alongside those with contagious, infectious diseases. In addition to the main structure the institution was taking care of some thirty patients in an old annex, and an average of 150 outpatients were given treatment at the hospital daily. Yet, two of Tacoma's private hospitals had, between them, something over 300 empty beds!⁵

Other hospitals offered to help by taking care of the overflow. They would be billed to the county at no extra cost to the taxpayer.⁶

The Pierce County Industrial Medical Bureau had been started in 1917. Still one of the foremost medical welfare plans in the State of Washington in 1973, it was the only prepaid plan in effect in 1930.

The employee's rate then was eighty cents a month if he was covered by industrial insurance; \$1.10, if there was no state medical aid coverage. No family coverage was available at this point. Contracts covering dependents, excepting maternity cases, were inaugurated by the bureau shortly after 1930.

The fee schedule for doctors listed hospital and office calls at \$1.00; home calls, \$1.50. The hospital rate was \$18.00 per week for room and board; major surgery was \$7.50. There were seventy doctors in the county; ten, in closed-panel practice, and sixty, in private practice.⁷

The first whisper of forewarning of government intervention came in September of 1933 when the Pierce County Medical Society Bulletin cautioned that a federal curb on hospitals was imminent--hospitals might someday find themselves under considerable government control unless they discarded impractical and unbusinesslike methods. Hospitalization groups would be created in all parts of the nation in the hope that, within a year, virtually every working American would have an opportunity to pay for hospitalization through inexpensive insurance plans.⁸

A group of teachers in Dallas, Texas, got together and agreed to pay \$3.00 for each school semester in exchange for Baylor University's promise to provide twenty-one days of hospitalization for any of the group who needed care. This was the beginning of Blue Cross.⁹

These plans grew out of the American Hospital Association's endorsement in February, 1933, of the principle of prepayment for hospital bills. Blue Cross, born of the depression and the brainchild of the American Hospital Association, was still regulated and directed by that organization until the early '70's. It began in Washington in 1943.¹⁰

Welfare or public relief programs, which included medical care to recipients of public assistance, were started on an experimental basis in Pierce County in 1933. But agreements were hard to reach and there was lack of uniformity for several years. Compensation was such a pittance that hospitals settled for what they could and many doctors decided to handle charity privately.¹¹

They were difficult days for the medical profession. Surgery, if not emergent, was put off and medical cases reverted to wives and mothers. Doctors were not visited at their offices or called to the homes until patients or relatives became frantic. Payments were delayed, sometimes not paid

at all. Often, physicians were obliged to accept farm produce or hours of work put in by some member of the family. There was not much incentive to enter the profession. Interns were receiving allowances of \$35 for nine months of the year.

There were too many nurses. Teaching and supervisory positions went to those nurses with high educational backgrounds as the market was flooded. Jobs in general duty nursing were rare. In 1930 there were just five on the staff. The salary of \$50 per month dipped to \$45. This included board, room, and laundry, but a nurse wasn't compensated if she were married and lived away from the hospital.

Private duty nursing was a luxury few could afford. The number of nurses available on call at the registry office often rose to eighty or ninety. If a case lasted just two days or nights she was eligible to stay at the top of the list, but if it lasted three days or nights or more she went back to the bottom of the list and waited six weeks to two months for another position. The salary was \$5 per twelve-hour shift. Intensive care, provided by the hospital for those who required it, had not yet been imagined.

Some doctors or families insisted on engaging nurses they had known from previous work. The registrar tried to be fair in allotting cases, but mostly to no avail. Nurses who could, lived with parents or relatives, but the ones who couldn't were hard pressed to pay rent and grocery bills. Mr. Cummings generously sent out word that those nurses who were hungry were welcome to come and eat at the hospital.¹²

Cecile Tracy Spry resigned as director of nurses in 1930 and was succeeded by Edna Duskin who remained just one year.¹³ Signe Wold became director the latter part of 1931 and remained until 1934.¹⁴ Laura Gibson took over in January of 1935.

Directors of nursing were in charge of the schools and continued to accept too many applicants for the crowded field. Usually, one-quarter of the students were gone before the probation period of three months was ended. For various reasons, further eliminations were made before the three-year period was ended--sometimes within weeks or days of finishing. The hospitals could not plan on more than two-thirds of the class remaining. Attrition in 1933 was typical of these years. Two decided to leave, four were not accepted because of inefficiency, and two because of ill health, in their probationary period. Of the capped nurses, one was advised to leave because of ill health, and three for inefficiency. One decided her fate by being married while in school, another because it was discovered that she had been married, and one was suspended for violation of rules.¹⁵

The second annual to be put out by the students was a very modest little booklet which appeared in 1934. The message to the class by Dr. William McCreery, one of the staff doctors:

As you graduate and leave the routine work of the hospital, I know that for many of you there is a feeling of apprehension and uncertainty about the future. Since you were born, two great catastrophes have taken place: the worst war in history and a worldwide depression. Either one of these would disorganize the social life of society. Coming

in one generation, they have left the world in chaos. Into this uncertain world you are soon to pass. The future seems dark to you. However, there are two cheering thoughts. One is that the world belongs to youth. In this changing world, it is the middle-aged and the old that will be left stranded. You, with your enthusiasm, your energy, your ability, will successfully meet the revolutionary changes that are taking place in our social order...

Two things, however, would lift the nurses' spirits. First, the American Nurses' Association adopted the eight-hour day for private duty nurses. The State Planning Committee, composed of representatives of all nurses', doctors', and hospital associations, came out strongly in favor of this also and their support gave impetus to the movement for its adoption.¹⁶

Shorter hours, of course, meant more nurses would be employed to cover the extra hours. Doctors complained bitterly that they would never know how their patients were doing with three nurses to consult instead of two.

The hospitals had endorsed the eight-hour policy, knowing that it would have considerable impact on them. Students already had the supposed shortened day, working seven to seven with four hours off, and nine to seven at night, with two hours to rest. The two-hour interval in the evening had been covered by giving the day nurse a split shift with six hours off, reporting on duty at 7 A.M. and staying until 9 P.M. A consecutive eight hours from three to eleven and eleven to seven would be much more convenient for those nurses. But there were three slack hours from one to four in the afternoons and busier periods from then to eleven that would have to be considered. A straight seven to three shift could not be considered more than two or three days of the week. The other days would have to be split. Of course, it was still a six-day week. There were very few general duty nurses and students could rest in their rooms on hours off. The split shift was no problem.

The second boon to nursing was the advent of nylon hosiery. Not as cool as cotton but sheer and lovely, nylon could be washed and draped before the radiator to dry in fifteen minutes.

Still on the brighter side, there was even a modest expansion of hospital service in the early '30's. Oxygen therapy apparatus was installed in 1931, and the X-ray department was again remodeled to make room for gastrointestinal work.¹⁷

The consultation service for malignant diseases had been started in 1924. Now, in 1932, a tumor clinic was started by Drs. Martin and Hart.¹⁸

Conditions had improved marginally by 1933. The number of patients increased, although costs went up, too. It was possible to make necessary repairs on the engine room chimney. At a cost of \$575 the stack was strengthened with fifteen bands, and the cracks were filled with brick and cement.¹⁹

The Washington State Hospital Association held its first meeting in 1933. And the American College of Hospital Administrators was organized, with Mr. Cummings as one of the charter members. In a paper read at San Francisco, he predicted robot nurses, autogyro ambulances, and libraries of stored blood

in the hospital of the future.²⁰

Mr. Cummings also invented an illuminated register in use at the hospital which was the most modern device of its kind in the United States and a great aid toward hospital efficiency. This was a board, situated at the office, which listed all the doctors and was easily seen by the switchboard operators and everyone who looked. There was a small light to the side of each name and a slot in which a message could be inserted. As the doctor entered the building he switched on his light, thereby letting everyone know that he was in the building.²¹

Dr. Milo T. Harris, a Fellow at the Mayo Foundation in Rochester, Minnesota, took charge of the X-ray department in January of 1933, replacing Dr. Hart who had resigned.²²

And sadly, Dr. Dale Martin was the victim, this year, of the malignancy he and Dr. Hart had set out to fight. The position vacated by his sudden death was filled by Dr. Benjamin T. Terry, a man of many years' experience at the Rockefeller Institute, Vanderbilt University, and the Mayo Clinic. He was best known for his original work in neutralized polychrome methylene blue, for his razor section method for the rapid diagnosis of malignancy, and for his scientific demonstrations at numerous medical conventions.²³

In 1934 the population of Tacoma was 107,000. The more common causes of death at this time were:²⁴

Heart disease	385
Cancer	162
Cerebral accidents (strokes)	154
Pneumonia	
Bronchial	79
Lobar	32
Unspecified type	4
Accidents	105
Tuberculosis	27
Plus 30 cases of tuberculosis at Mountain View Sanatorium not considered Tacoma	
Kidney diseases	39
Suicides	35
Appendicitis	25
Diseases of blood and blood-making organs	21

The number of births for Tacoma in 1934 was 1,845. There were eighty-three infant mortalities and sixty-two stillbirths, the highest rate of stillbirths in the history of the city. The reason for the high rate was not stated and was probably not definitely known, although poor nutrition and more home deliveries during the depression were likely factors.²⁵

In September of this year George Smith died of cancer after an eighteen-month illness. He would have been seventy-seven years old in two months, started in May of 1886 as an orderly at the first Fannie C. Paddock Memorial Hospital, and stayed for forty-eight years. Besides a \$1,000 insurance policy, he left about \$5,000 to the hospital, plus another \$2,000 to the radium fund

before his death.²⁶

Considerable remodeling was completed in the pathology department, and a new General Electric deep-therapy machine was installed in the department of roentgenology. This higher-voltage machine would allow the X ray to penetrate more deeply into the tissues to the malignancy. Dr. B. D. Harrington joined the staff as radiologist, succeeding Dr. Harris.²⁷

During the years of political and social upheaval, the hospital and the medical profession continued to keep abreast of the times and to maintain high standards in every department. The doctors continued their clinics and staff meetings to discuss the most modern methods and equipment.

The latest model Heidbrink anesthetic machine for the administration of gas and ether vapor was purchased. The new equipment was of value in giving a nicer and quicker anesthetic.²⁸

Now, after more than fifty years, the spoon and alcohol lamp were obsolete for preparing hypodermic injections. Equipment was sterilized in surgery and trays set up for all the floors. There were forceps jars, jars of syringes, one for needles, one for little square sponges, one for alcohol sponges. Everything was sterile and easily assembled.²⁹

In 1935 the hospital purchased the lot south of the faculty house on K Street and planned to convert it into a recreation yard for the students. The old house on the lot was torn down and the yard terraced and lawn sown.³⁰

The Social Security system was set up in 1936, which relieved some minds, but there were still years of depression ahead.³¹ However, Tacoma continued to grow. Many came from the Midwest, looking for land and/or jobs. More people meant a greater demand on hospital facilities and, by 1936, it was found necessary to open the north end of the second floor which had been closed for four years.

Thus, the north ends of first and second floors were for medical patients. The north end of third was mixed men's and women's surgical. On the south wing, third was maternity; second, surgical; and first, mixed surgical and medical. The first floor of the east wing was still isolation; second or Ward A, still closed. Third was used for students and faculty rooms. Fourth, or 2 East, was the luxury floor, both surgical and medical. And 3 east was part of maternity and lying-in. The linen room had been moved out of the basement several years before and had gone to the first floor area under the kitchen, overlooking the grassy court, where the sewing room seamstresses enjoyed a cheery, light area for working--and plenty of shelf space for linen. Pediatrics remained in the large room at the north end of third floor.

Miss Carol Penney was now the record librarian and Jewel Drake continued as medical statistician.

Eva Hunt resigned as dietitian and Flora McLaughlin returned to fill the vacancy.³²

With the gradual improvement in conditions all costs were upped. The dietitian had a particular problem in planning meals with swelling food prices:

	Sept., '35	Sept., '34	Sept., '33
<u>Beef</u>			
Side steer beef	\$.16 lb.	\$.11 lb.	\$.12 lb.
Hind quarters	.20 "	.14 "	.14 "
Short loins	.30 "	.22 "	.20 "
Regular loins	.26 "	.18 "	.17 "
Regular ribs	.18 "	.13 "	.12 "
Boned round	.22 "	.17 "	.20 "
Boned chucks	.15 "	.12 "	.14 "
Hamburger	.18 "	.15 "	.15 "
Liver	.17 "	.12 "	.13 "
<u>Lamb</u>			
Spring lambs	.17 "	.14 "	.14 "
Legs, 6½ lb.	.21 "	.18 "	.18 "
Racks, 6½ lb.	.18 "	.19 "	.17 "
<u>Pork</u>			
Loins	.28 "	.26 "	.14 "
Legs	.25 "	.22 "	.14 "
TC reg. hams	.30 "	.23 "	.16 "
Washington bacon, sliced	.38 "	.27 "	.18 "
Flour, Bakers'--98 lb. sk.	7.00 bbl.	6.45 bbl.	5.38 bbl.
Hens, heavy, colored (ave.)	.21-11/12	.18-7/12	.17 lb.
Eggs, large, grade A--best	.27¼ doz.	.22-3/4	.21 doz.
Butter, best creamers' quartered, wrapped, and carto.	.31-3/4 lb.	.25¼ lb.	.24 lb.

There were 126 employees in 1936, plus the students. The payroll was about the same as it had been in 1924. A look at the lists for several years reflects the traumatic effects of the depression:³³

1919	\$ 45,959.41
1920-21	57,442.54
1921-22	72,456.26
1922-23	74,434.50
1923-24	82,061.07
1924-25	90,378.57
1925-26	98,737.27
1926-27	106,242.56
1927-28	108,699.10
1928-29	113,789.75
1929-30	117,170.75
1930-31	116,215.66
1931-32	92,367.10
1932-33	63,188.79
1933-34	64,615.16

1934-35	\$70,242.39
1935-36	80,549.59

To further illustrate the financial pinch, a partial list of equipment purchased in 1936 and the cost is given:

Applegate linen marker	\$ 68.00
Hawley Scanlan fracture table	675.00
Hemolater	650.00
Instrument sterilizer	178.50
Metabolism machine	129.50
Mangle	3,315.00
Obstetrical table	345.50
Gas range	113.69
Refrigerator	118.57

Throughout 1936 there was a daily average of ninety-eight paying adult patients. The low was February 11 with seventy-two, and the high was August 19 with 161.³⁴

But, in spite of these low admission figures, the board of trustees was optimistically eyeing the property across K Street. In January of 1937 the hospital acquired the westerly thirty feet of three blocks at the cost of \$2,595.00. It now owned four lots across the street from the hospital proper on which were three houses with frontage of 130 feet. These buildings were occupied by the faculty.³⁵

Arthur Rust died eight years after his father and willed half of his \$600,000 estate to the hospital.³⁶ His mother, Mrs. Helen M. Rust, followed him one year later in 1937, leaving a portion of her estate of \$650,000 to the W. R. Rust hospital fund for children. The family had been true philanthropists.³⁷

The end of 1937 saw a definite upward trend in the economy. Living costs were going up and so were wages. Items theretofore considered luxuries were becoming necessities.

In the meantime it was necessary that the hospital keep up to date on all new procedures and equipment. An oxygen unit was acquired for incubators, of which there were now two, and the hospital was accredited by the National Association of Nurse Anesthetists for courses in anesthesia. A permanent record of all anesthetics and treatments administered by the department was started; and a new type of individual anesthesia record was kept for every anesthesia, giving complete details of the condition of the patient throughout the operation and for postoperative notations. The new anesthesia, Evipal, had been used in ten cases with good results.³⁸

Infant inhalators were introduced in 1938. A great help, they were used as often as five times a month in rescuing newborn infants.³⁹

Dr. T. H. Duerfeldt was appointed part-time assistant director of laboratories in charge of the expanded and remodeled clinical laboratory. In October the joint conference of the clinical and pathological laboratories was held in the clinical laboratory and featured a demonstration

and discussion of blood sedimentation rates.⁴⁰

During the depression, the departments stayed rooted pretty much where they were, with the exception of the peripatetic record room. The supply service department, which had been established in 1928, was short-lived and a few years later was abolished. Medical records had returned to the old room 111 (the nursing office in 1972) about 1931. Miss Carol Penney resigned her position as record librarian in 1938 and Miss Norma Younie succeeded her.⁴¹

The world of research did not stand still during the depression. A milestone in the field of medicine had been building to a climax during the early '30's. In 1938 the Nobel Prize in Medicine was awarded to Gerhard Domagk, a German chemist, for the finding of a chemotherapeutic agent to allay and cure bacterial infections in human beings.

First discovered in 1908 while working with dyestuffs, it lay dormant for twenty-five years before its application to human bacterial infections. Domagk discovered in 1935 that an azo dye, prontosil, cured streptococcal infections in mice. The active principle in prontosil was found to be para-aminobenzenesulfonamide, commonly known as sulfanilamide, a white, crystalline powder. The drug does not kill bacteria but inhibits their growth and reproduction. Clinical trials provided dramatic results. It was the first effective agent to be used in the treatment of various bacterial diseases such as puerperal fever, scarlet fever, erysipelas, meningitis, and pneumonia. The later advent of antibiotics would limit its application, but it still remains the most effective drug in some cases.⁴²

The discovery of this drug would have a terrific influence on public health and hospitals. Many patients would not need to be hospitalized at all, and many who did would have fewer days of care. Statistical graphs would show spectacular drops. Pneumonia, which claimed over a hundred lives a year in Tacoma alone, would be subdued. Septic abortions, the peril of many a pregnant woman, would be quelled.

It brought about the beginning of the era that loosened the bonds which tied doctors to bedside visits at homes. It was also the beginning of the era which drove a wedge between them and their patients.

A milestone was also hurdled in 1938 at Tacoma General. It was the establishment of a central supply service which has made itself so important over the years that it is difficult to remember how things used to be done. It relegated the "dark closets" to the "dark ages" where they belonged and eliminated the gathering and boiling of materials needed for a sterile procedure. It gave ready access to patient care equipment--prewrapped, sterilized by autoclave, and ready for immediate use. It started a pickup and delivery service, which did away with the necessity of everyone's running for this or that needed item. Before this a quick run to the pharmacy or the nursing office with a requisition afforded an opportunity to say hello or chat a bit with the traffic of assorted personnel in the hallways, but it also kept people away from their particular jobs.⁴³

Well-chosen, nonprofessional people were carefully trained in the cleaning, inspection, and care of equipment. They were taught the proper method of wrapping before sterilizing, the exact steps in operating the autoclave, and

the proper handling and storage of items after sterilization. Supplies were dated and checked daily for replenishing or resterilization, if needed. And they were taught the proper decorum necessary in their contact with all departments. Everything was done under the supervision of the head nurse.

The department was situated on second floor to the right of the elevator, the old 209, once the luxury room for the "rich women" and later for many years the nurses' infirmary. The purchasing department was handily located adjoining it. One department, ordering the necessary supplies, added to time saved by other departments and proved an economy step in the purchasing and conservation of equipment.

The area had been set aside on the first of December, 1937, but the department wasn't opened until the first part of 1938, having been set up by Miss Ann Hansen, borrowed from surgery, and then turned over to Lorraine Phelps. Soundproofing, tile flooring, cabinets, an autoclave, instrument sterilizer, and a sink were installed. Both sterile and unsterile articles and regular and special treatment trays were stocked. A record was kept of the number of times articles were used to determine the life of the article and the usefulness of the service. Gauze and cotton were no longer wasted. Gloves and other rubber goods were checked more carefully. Dressings, intravenous infusions, and other services were promptly reported to the business office to be placed on the patient's account. The service proved to be a great saving of time for the doctors, the interns, and the nurses. Most of all, it was a safety factor to the patient; all trays were completely and expertly set up.

The personnel of the hospital now numbered 244, including 106 student nurses. There were thirty-nine graduated from the school of nursing in 1939. Miss Laura Gibson resigned as director of nurses and Miss Harriet Klein, a graduate of Hope College in Michigan, became the new director.⁴⁴

Ward A, or the second floor of the east wing, was being used to house the entra students. Third floor, on the north wing, including the ten-bed ward at the end, was now devoted entirely to men. The children moved into a redecorated room to the right of the elevator, the old 309. It was divided into cubicles with low wood partitions and glass panels above. Radiators were recessed so toddlers wouldn't bump into them and be burned.⁴⁵

It had become necessary to hire more graduate nurses for general duty. The three or four days of the week that they had to work the split seven-to-seven shift created a problem for them if they lived any distance from the hospital. Thus, the old, long-unused isolation ward at the end of the first floor east wing (the ground floor which opened on Fourth Street) was cleaned out and furnished with beds and a few easy chairs. It was far from fancy but was quiet and airy. Now, the three free hours could be spent sleeping, reading, or just lying down to rest tired feet.

Dr. Benjamin T. Terry, director of laboratories, resigned in 1939. He was succeeded by Dr. Charles P. Larson, formerly pathologist at the Western State Hospital and the Pierce County Hospital. Born in Elewa, Wisconsin, his family had moved to Washington when he was still a child. He attended Gonzaga University and received his medical degree from McGill University in Montreal. Postgraduate work in pathology followed

at McGill, the University of Michigan, and the University of Oregon. Over his school days he had developed two loves: one, for the sport of boxing, in which he participated; and the other, a great interest in forensic medicine--the gathering of evidence in detecting crime.⁴⁶

Obstetrical figures at Tacoma General showed an increase in births. The barriers of habit and ignorance had been crumbling when depression conditions forced more home deliveries. Now, in 1938, figures for the previous year in Tacoma evidence a marked trend toward hospital care:⁴⁷

Born in hospital	92.8%	Delivered by doctors	2,053
Born in homes	7.2%	Delivered by midwives	3

And there was another reason for obstetrical hospitalization--the advent of gas and electric stoves and the passing in the greater percentage of homes now of the cheery, homely, wood stove. The placenta, or afterbirth, could not be burned or thrown in the garbage can. Burying it was somehow considered unsatisfactory. Hospitals disposed of them in their huge incinerators.

National obstetrical statistics disclosed some remarkable facts. A bulletin of the Metropolitan Life Insurance Company reported:

The last fifteen years have been a great improvement in the risk for both mother and child at and immediately after birth. Actually, the official figures available for the period in its entirety reflect only the experience of the Birth Registration states, as constituted in 1922, but since these states comprise over 72% of our total population, it may be assumed that their experience, as summarized in the following paragraphs, closely approximates that of the country as a whole.

In 1922 there were sixty-four deaths of mothers in every 10,000 deliveries; in 1936 maternal deaths had been reduced to fifty in 10,000. Or, to put it another way, in 1936 only one in every 200 women coming to confinement succumbed to the hazards of childbirth, whereas in 1922 one in 156 died.

Again, in 1922 the number of babies who were born dead averaged 379 in every 10,000 births, or one in every twenty-six deliveries. Fourteen years later, the number of stillbirths had fallen to 316 per 10,000 or one in every thirty-two deliveries.

As regards neonatal mortality (death during the first month of life), the average in 1922 totaled 397 deaths of babies in every 10,000 born alive, while in 1936 the corresponding mortality was only 312 per 10,000. That is to say, one in every twenty-five newborn babies died of prenatal, natal, or neonatal causes in 1922, as compared with one out of thirty-two during the year 1936, an improvement of 21.4 percent.⁴⁸

One of the pediatricians informed members of the obstetrical committee at their meeting in 1938 that the death rate of infants under one year in Tacoma was among the lowest in the country for cities of 100,000. The average death rate of premature infants that year was three percent to four

percent but at Tacoma General it was less than two percent.⁴⁹

Improvements and changes were taking place elsewhere. In 1938 the city changed its transportation from streetcars to buses. The old tracks, in use for so many years, were gradually torn up and the streets repaved.

Society was changing. People were leaving the farms and gathering in crowded cities to take part in the rising industrialism. Mass production had been adopted and chain stores of every description were spreading across the country. Large businesses and corporations erased many small companies along with personal ownership and management.

A large group to be affected by this change was the medical profession. Doctors had customarily numbered their patients by counting families. Now the families were split. Large groups of workers received their medical attention by contract with a panel of doctors. People were joining lodges and beneficial organizations. The Federal Government cared for its armed service members. States were caring for industrial injuries. Public Health was coming to the fore and free clinics and free services were being offered to improve the public's well-being.⁵⁰

Many general practitioners and medical students turned to specialization to widen their constricted outlooks. Nurses had many more fields to enter and the profession's overcrowding was relieved. Hospitals were processing more and more insurance forms and becoming recognized as one of the nation's larger industries.

World War II was just around the corner.

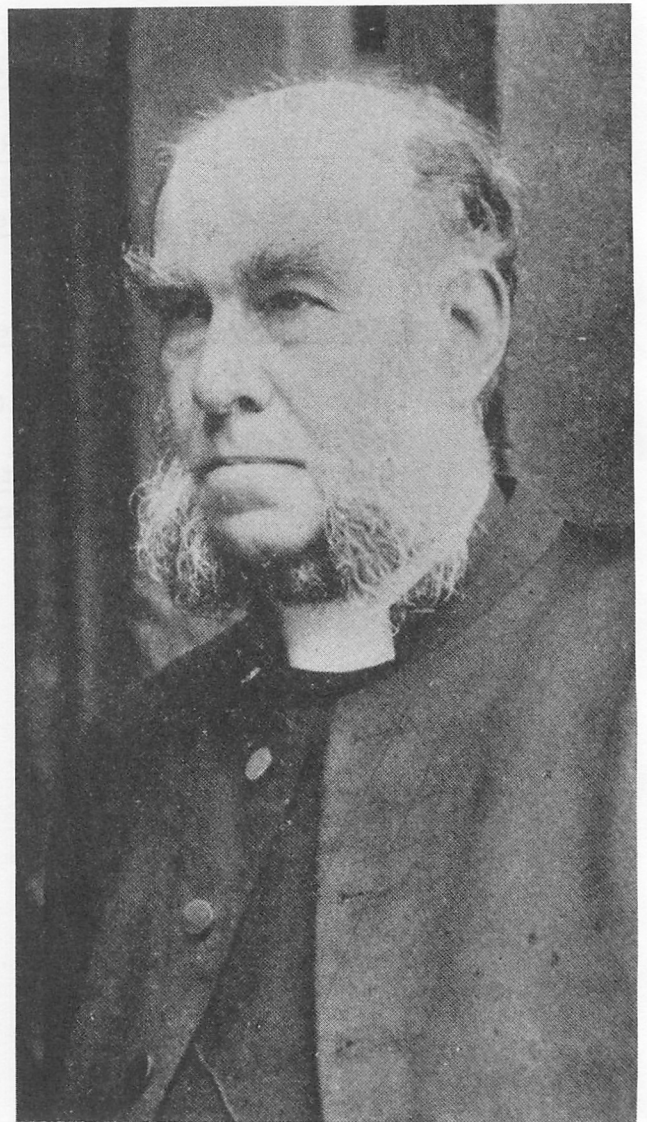
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32. Pierce County Medical Society Bulletin, February 1936.
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39. Tacoma News Tribune, November 10, 1938.
40. Pierce County Medical Society Bulletin, April 1938.
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42. Funk & Wagnalls Standard Reference Encyclopedia (New York: Standard Reference Works Publishing Co., Vol. 22, 1963), pp. 8300 and 8301.
43. Pierce County Medical Society Bulletin, February 1938.
44. Ibid, February 1939.
45. Tacoma Ledger, 1939.
46. Pierce County Medical Society Bulletin, October 1939.
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48. Ibid, April 1939. From Statistical Bulletin, Metropolitan Life Insurance Co.
49. Obstetrical Committee Meeting, 1938, Tacoma General Hospital.
50. Pierce County Medical Society Bulletin, November 1937.



Fannie Chester Paddock



John Adams Paddock



Pacific Avenue, looking north from about Twelfth Street, in 1884



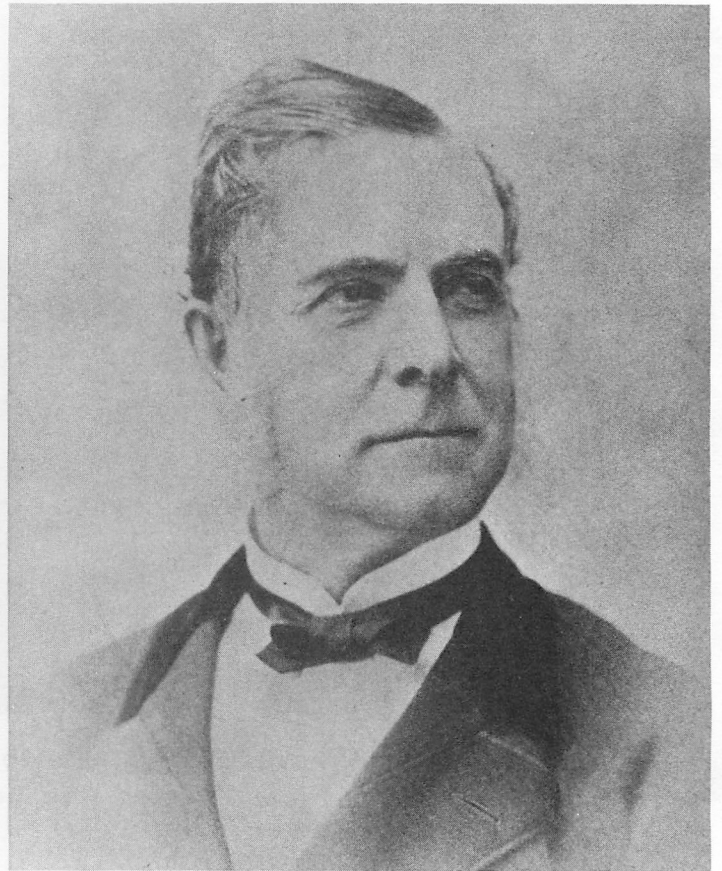
First Fannie C. Paddock Memorial Hospital
at Tacoma Avenue and Starr Street



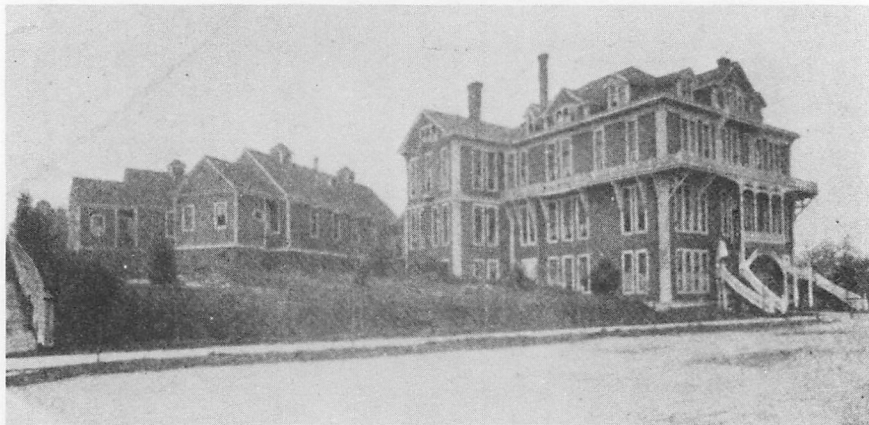
St. Peter's Church, built in 1873



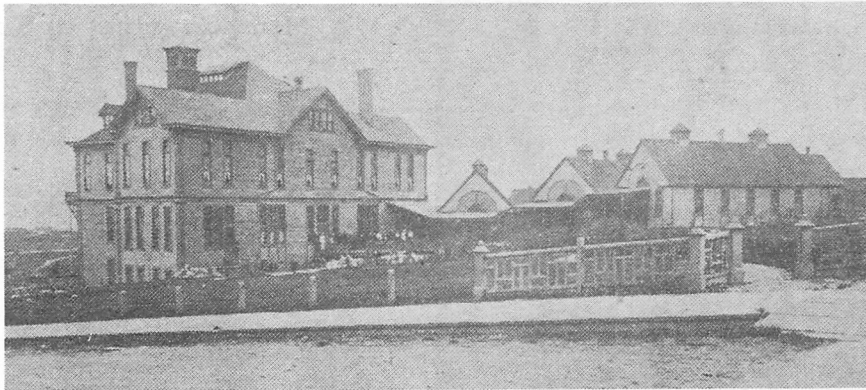
George Smith



Charles Wright



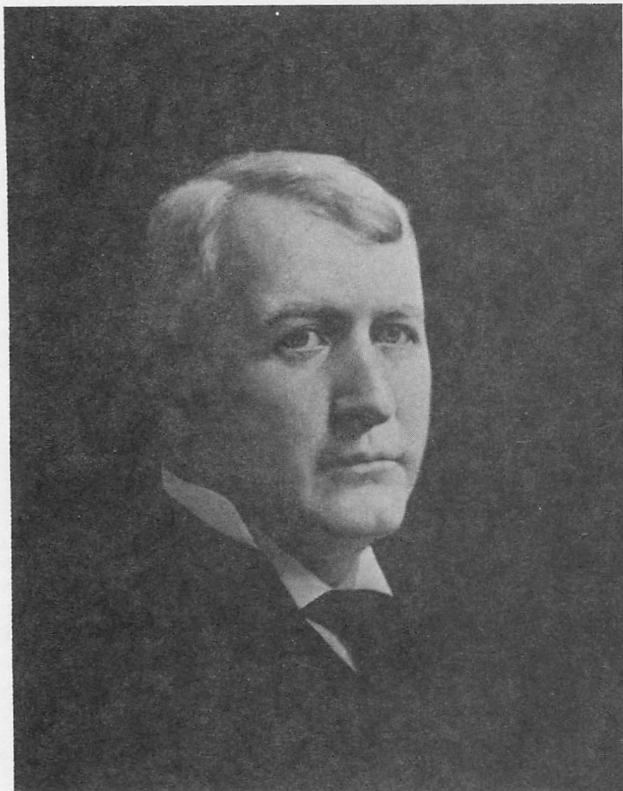
Rear of Pavilions. Second Fannie C. Paddock Memorial faces J Street. Taken about 1891.



Rear of second Fannie C. Paddock showing pavilions

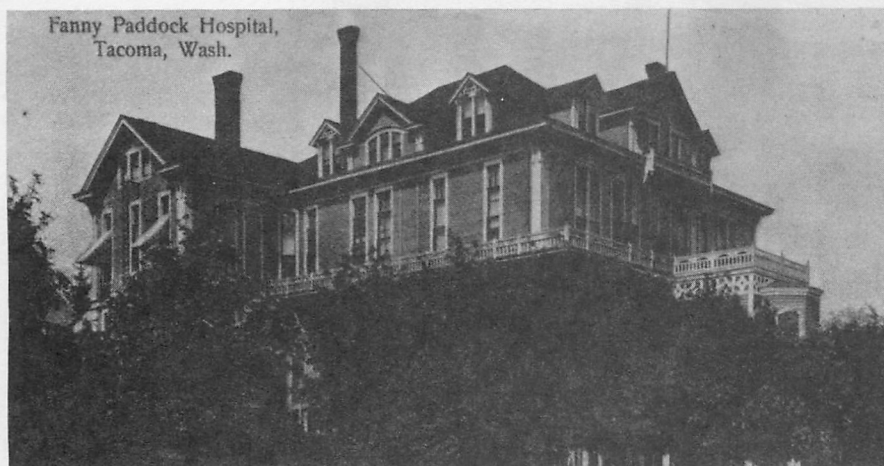


Interior of one of the pavilions showing the twenty-bed ward. Bessie Wardendyke Murray and Dr. Charles McCutcheon at right rear.



Dr. Charles McCutcheon

Fannie C. Paddock Memorial
Hospital students of classes of
1901, 1902, and 1903



Taken about 1907 showing
porch built out and enclosed
to make chapel



Student nurses about 1898



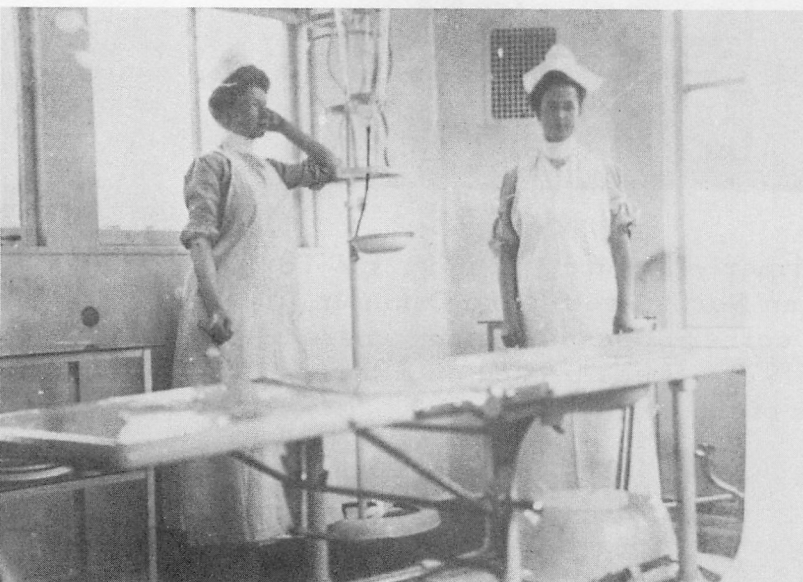
Nurses' home, formerly Children's Home, moved by horsepower from North Twelfth and Oakes in 1906 to northwest corner of hospital block where driveway exits in 1972. Home backed on K Street and faced the rear of the hospital.



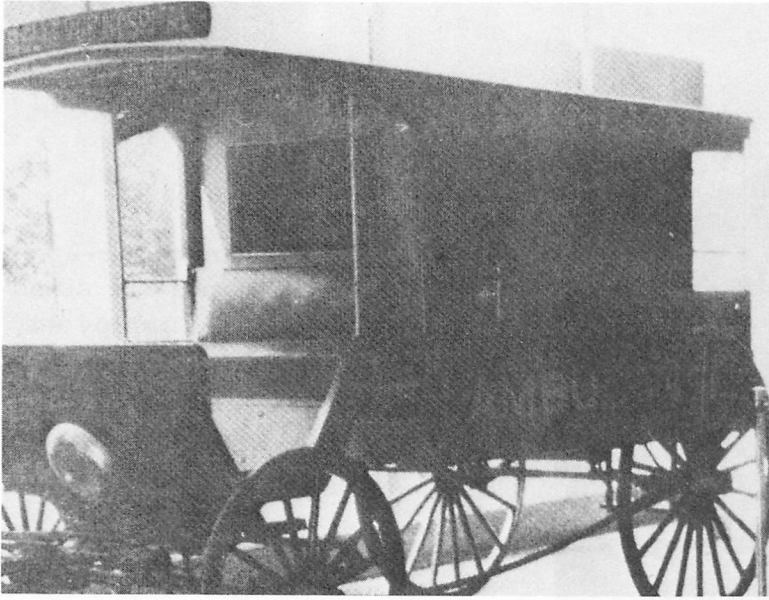
Closer view of balcony
showing its size and
intricate fence railing



Old "accident" room
previous to 1905



Clean dressing room
previous to 1905



Horse-drawn ambulance about 1900

About 1913. Students accompany ambulance drivers to racetrack to care for casualties or bring them to hospital.

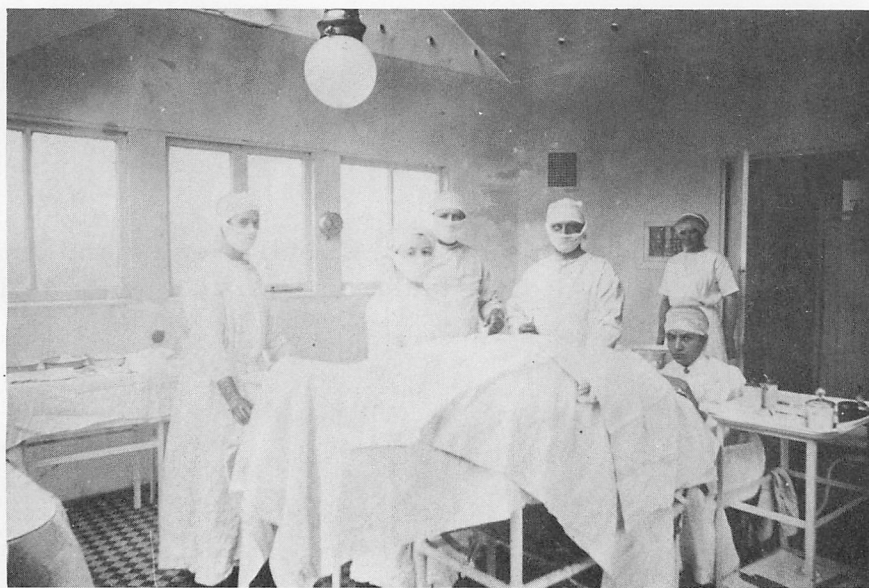


Drs. Quevli, Senior and Junior, taken on Pacific Avenue in 1906

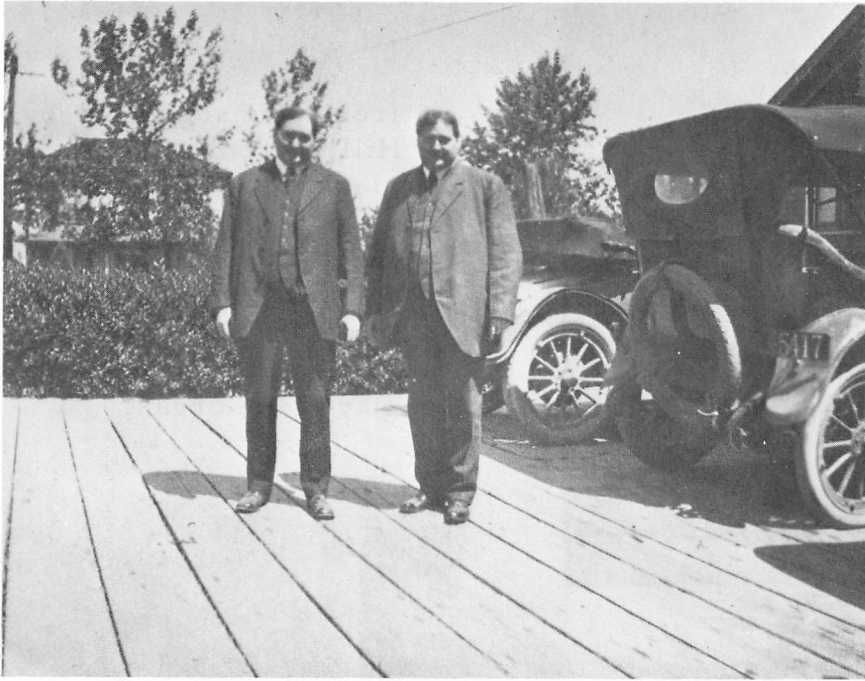


Rear of pavilion close-up in 1905. Attendants are standing about where employees' entrance is now.

Surgery before 1905

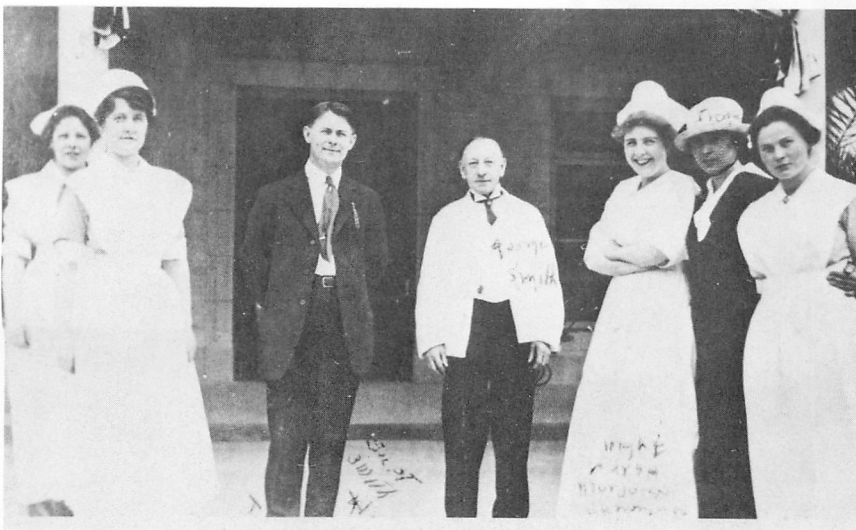
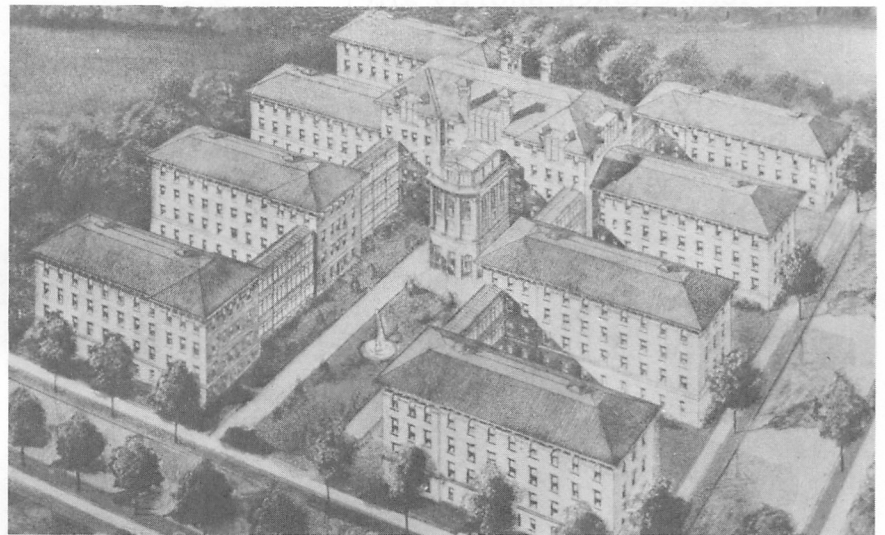


Surgery about 1912. Small, "but used almost every day."

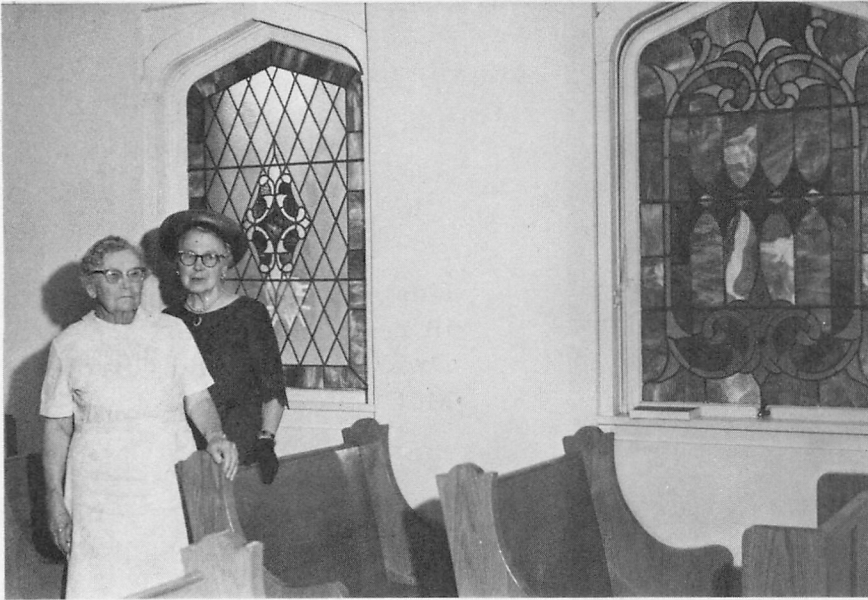


Hospital's first parking lot in rear of Fannie Paddock. Drs. William and Charles McCreery.

Plans for 1915 Tacoma General Hospital made in 1909. North-south wings showing front entrance actually used.

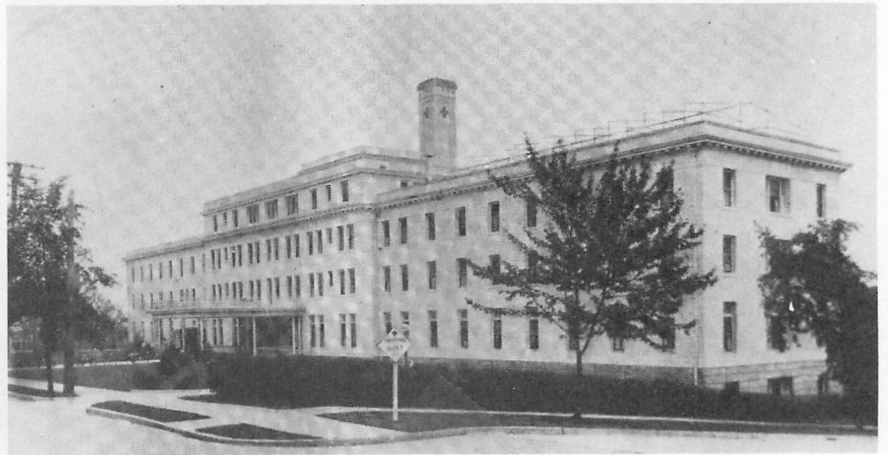


Opening day of new hospital, September 1, 1915. Notice bunting on canopy pillars. Two unidentified nurses at left, Wilfred Smith, George Smith, Marjorie Cummings --night nurse, Irene Brooks Johnson, and Ruby Brooks Hill.



Irene Johnson and Ruby Hill in front of stained glass windows in St. Mark's Chapel of St. Luke's Church. These windows were in the small chapel of the Fannie Paddock. Irene played the organ.

Picture taken shortly after opening in 1915 showing framework for canvas covered outdoor ward in place. These were removed as idea was not feasible.

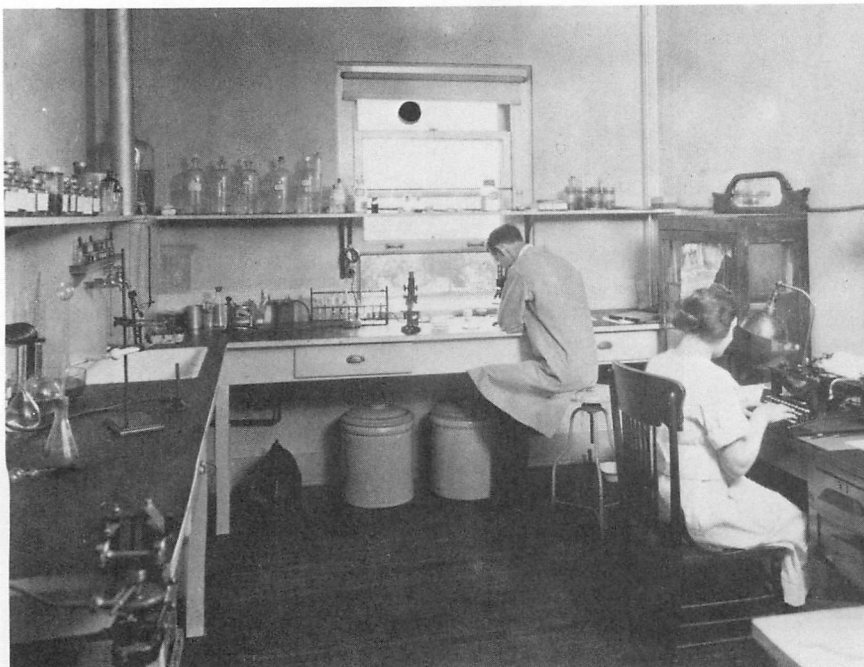
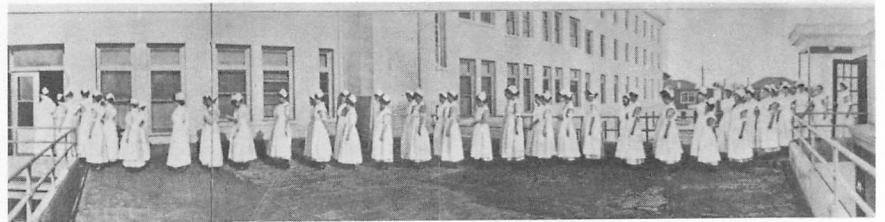


1917 student nurses marching in recruitment parade.



Nurses' home facing J Street,
built in 1917. Later known
as the Annex.

Nurses going across
kitchen roof to K
Street (then first
floor) level entrance
to main building.
Taken in 1917.

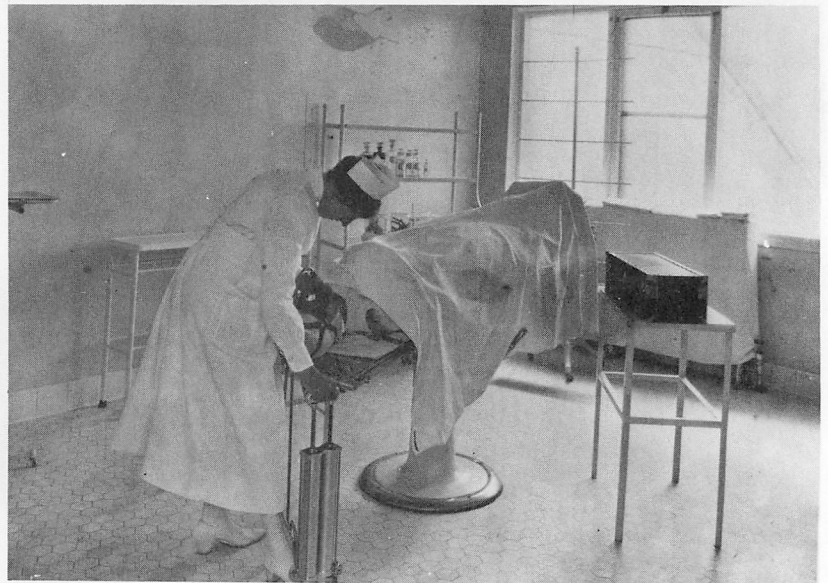


First laboratory located at
north end of basement. Leo
Langham first man in charge,
a technician from Rockefeller
Institute. 1918



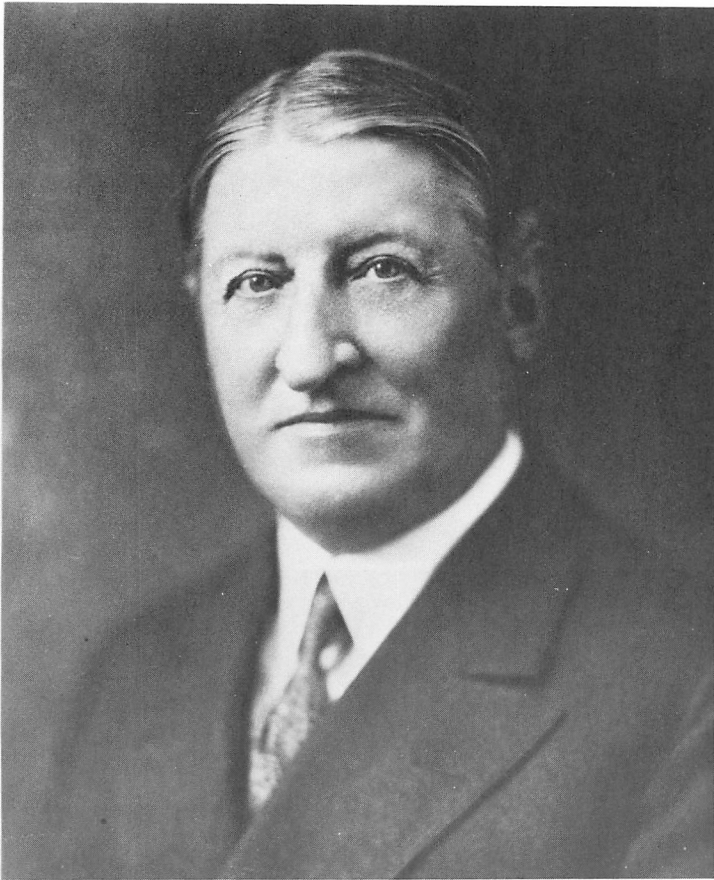
Cafeteria serving line
in 1917. New nurses'
home shows through
window.

One of the surgeries in
new building about 1916



Front office in 1920
shown below



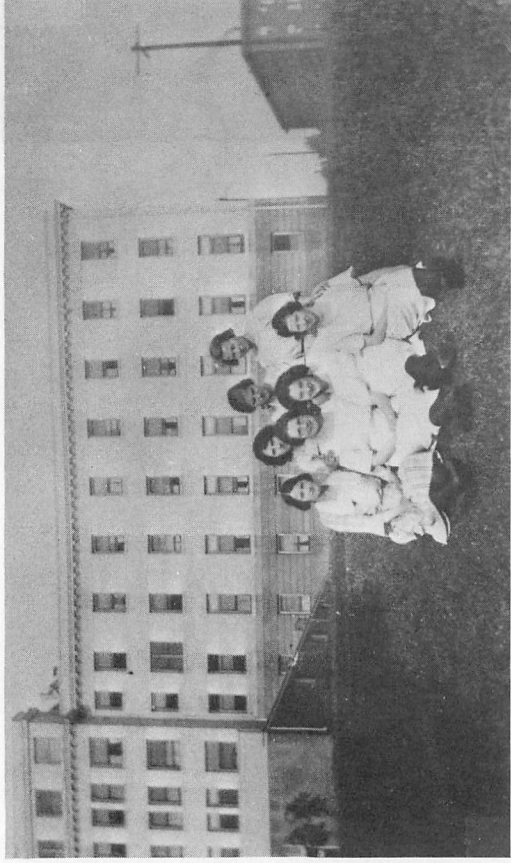


Wilfred Smith

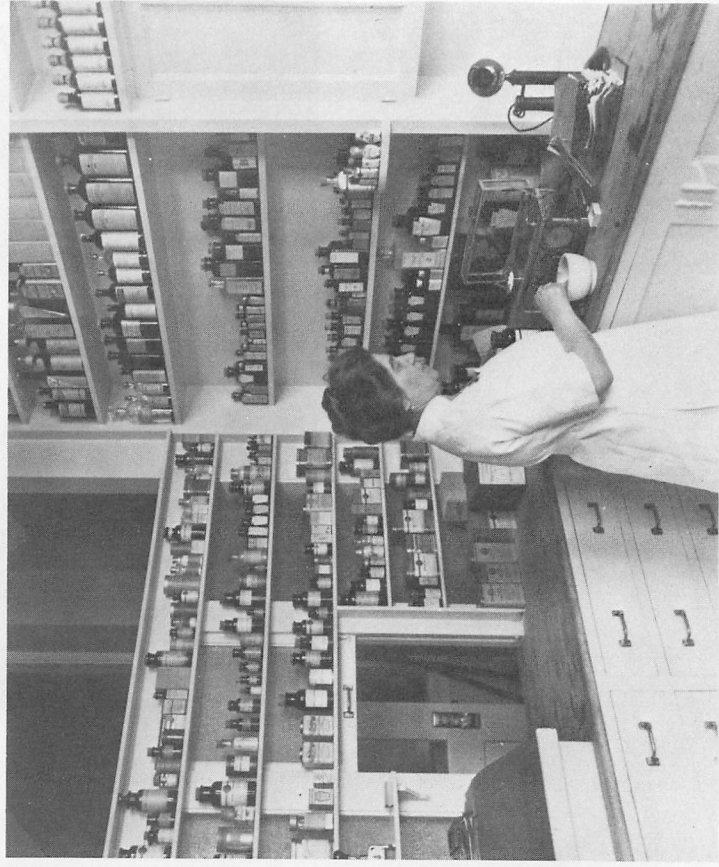
Samuel Morley Jackson



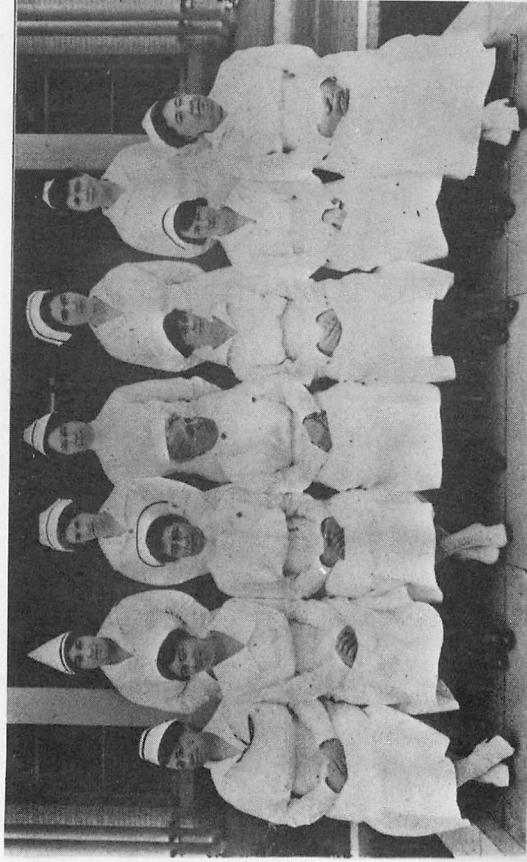
Clarence J. Cummings with
baby Florence Nightingale.
1926



New laundry extending
from rear of hospital
building. About 1918

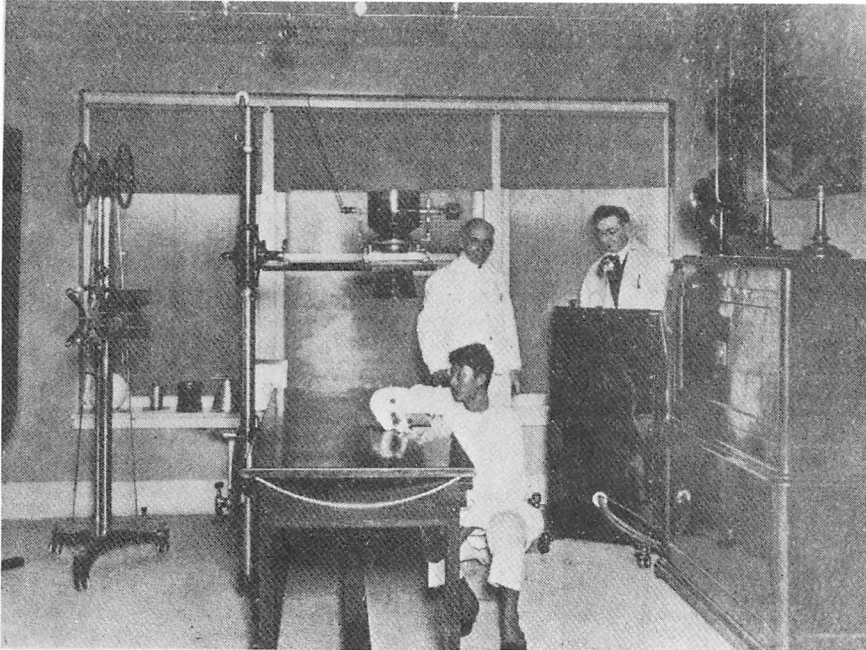


First pharmacy in new
building, 1915



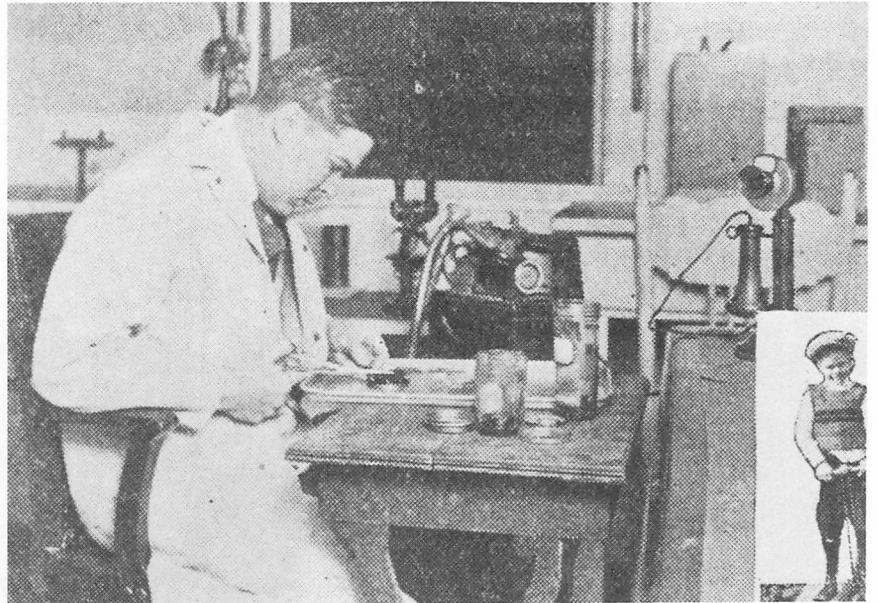
STANDING—Mrs. Riddell, Mrs. Roberts, Mrs. Donaldson, Mrs. McDermott, Mrs. Windell
SITTING—Mrs. Austin, Mrs. Hunt, Mrs. Ross, Mrs. Lenoir, Mrs. Hill, Mrs. Hansen, Mrs. Dickey

Hospital faculty, 1921



X-Ray, 1924. Left rear is George Smith and right, Dr. E. D. McCarty.

Dr. P. A. Scott in 1924 laboratory picture. Inset is of diabetic boy stabilized with the new drug, insulin, with the blood chemistry performed by the laboratory.

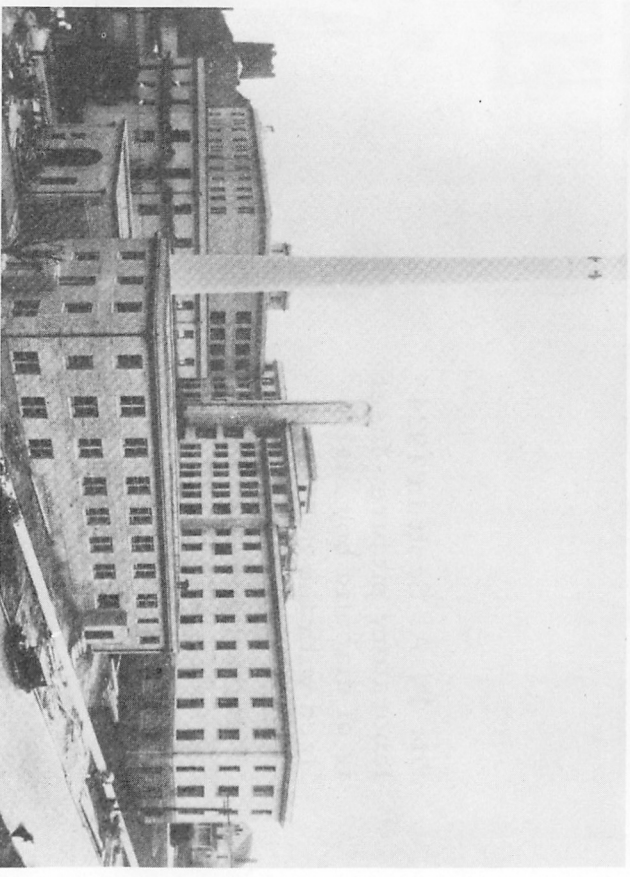


1924 laboratory



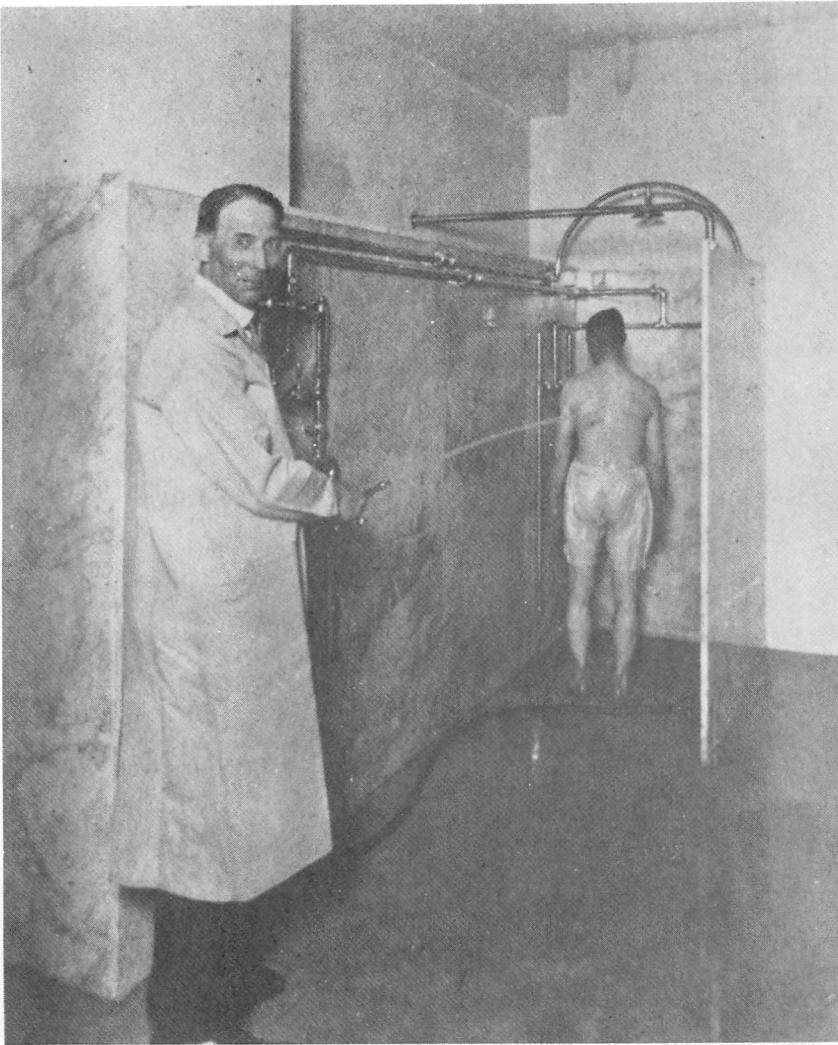
East or C wing being
built in 1926

Picture of hospital
block from northeast
corner. Barely vis-
ible at extreme left
lower corner is hos-
pital's first laundry,
torn down right after
Nurses' home or
Annex is in middle
of block; then boiler
room with smoke-
stack and dormitory
in foreground. Park-
ing not a problem.
1927

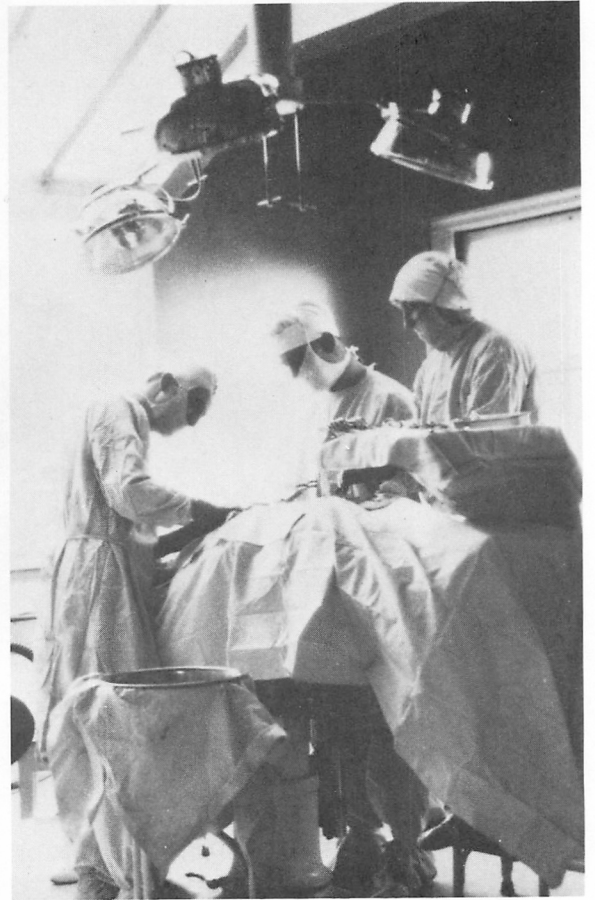


1930, showing part of
west side of K Street.
Kinnear Apartments on
far right, later to be-
come TGH office build-
ing. Brick faculty
house torn down in
1972 on Third Street
corner.





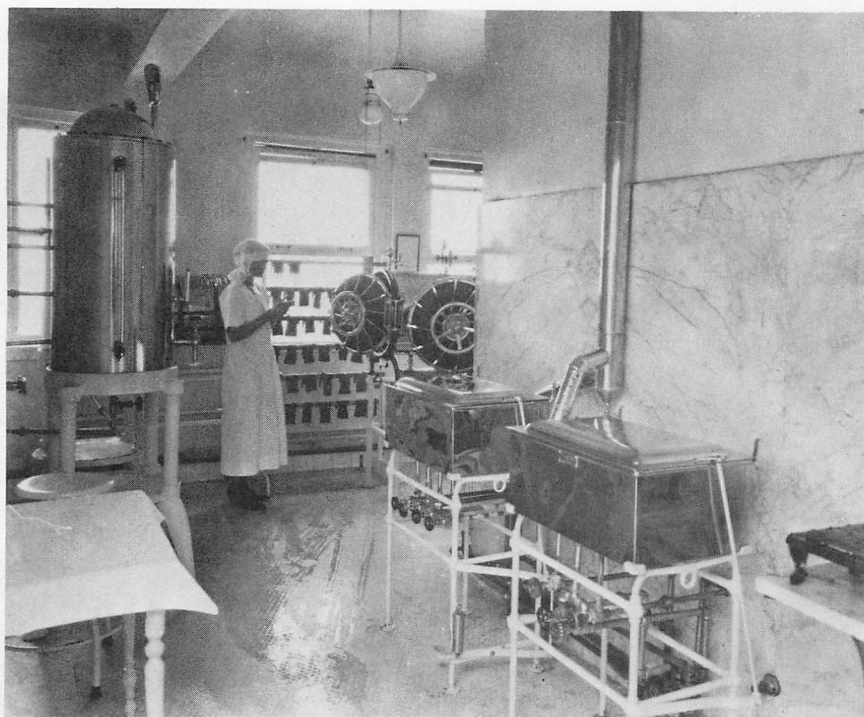
W. R. Leverton, M.D., foreground, giving a Scotch douche to a patient. Department hydrotherapy recently installed. 1926



Above, surgery in 1930. Dr. Weldon Pascoe, Dr. A. L. Schultz, and Mildred Wilbert Mase.

Surgery workroom in 1930. Left to right: Kathryn Glenn Given, Dr. L. M. Gould, Dr. William Goering, Mildred Wilbert Mase, Alma Ronquist Olson, and Ivey Murphy Crowley.



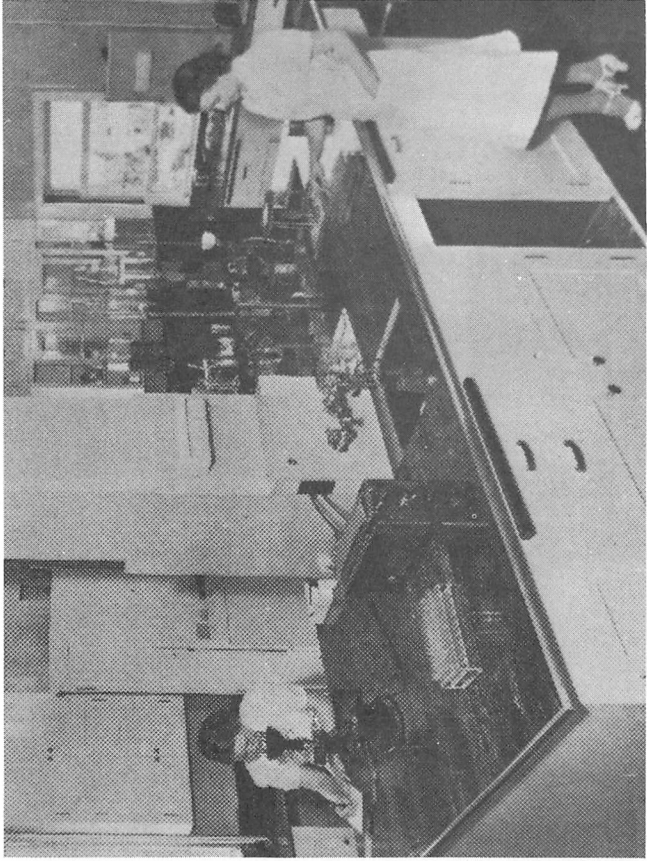


Surgery sterilizing
room about 1930

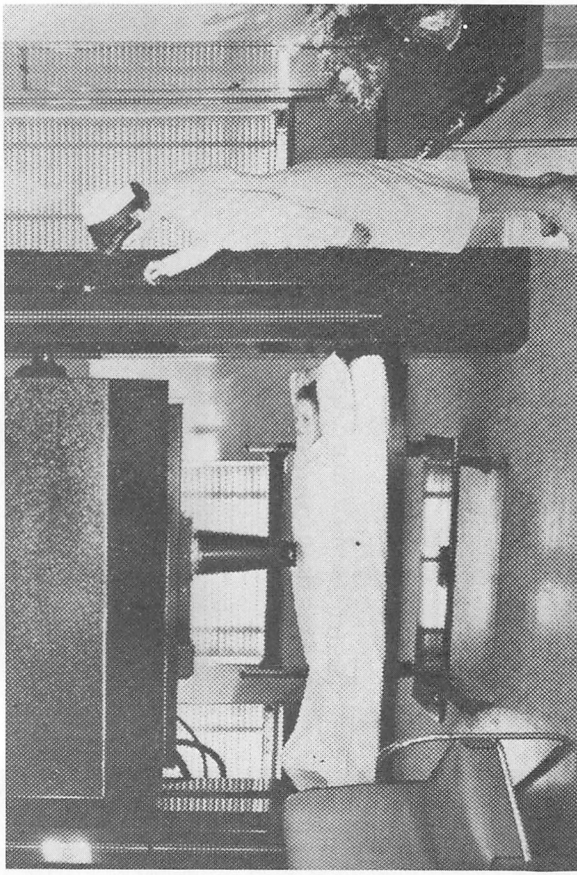
Faculty and department
heads in 1930. Starting
with Dr. Cummings at
rear of desk and pro-
ceeding in a spiral:

1. C. J. Cummings,
administrator
2. Edna Duskin, director
of nurses
3. Dr. Dale Martin,
chief of pathology
4. Lena Westborg
Neggerson, night
supervisor
5. Signe Wold Ekins,
assistant director of
nurses
6. Elizabeth McIntyre
7. Dr. Alan Hart, chief
of X-ray
8. Marceline Welch Braget
9. Alice Carrick Bender,
surgery
10. Mary Fleming,
laboratory
11. Miss Schroeder
12. Frances Colvin Jascoe,
secretary
13. Ruth Babb, head of
physiotherapy
14. Louise Mensik, business
office
15. Louise Scott, medical
records head
16. E. P. Truedson, pharmacist
- 17.
18. Olive Gamer, anesthetist
- 19.
20. Doris Anderson Johnson
21. Anne Bedrowski, housemother
22. Lulu M. Hesson, obstetrical
supervisor
23. Eva Hunt, dietitian

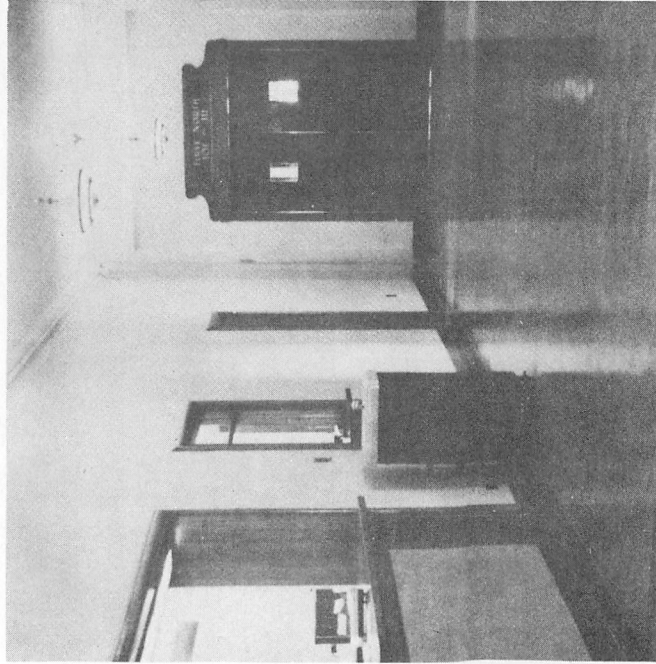




Laboratory, 1940



X-Ray, 1940



Hallway on main K Street floor looking north toward medical wing. Business office to left. Doctors' room and pharmacy on right.



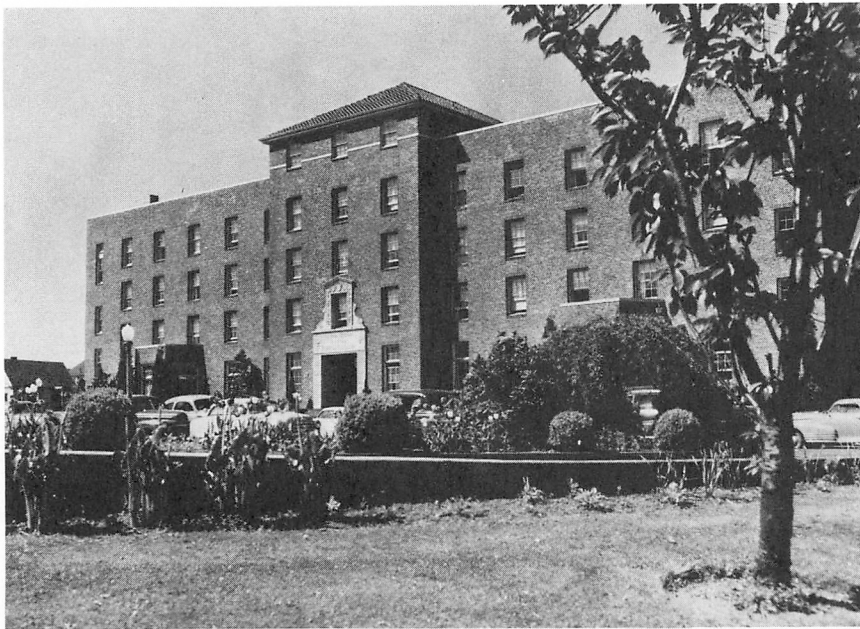
Walter A. Heath, administrator
from 1940 through 1952



William John Dobyys, administrator
from 1953 through January of 1955



Alexander L. Babbit, administrator
from 1955 to 1959

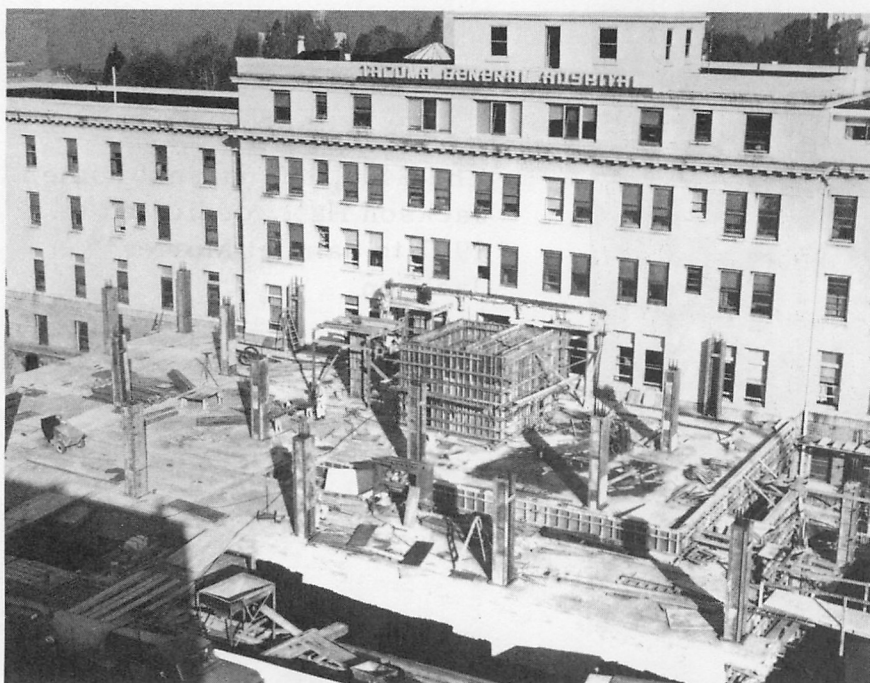


The \$400,000 nurses' home, Jackson Hall, dedicated in 1947 to Samuel Morley Jackson

Walter L. Huber who joined the hospital staff as accountant in 1950, became administrator in 1959 and executive vice-president of the board of directors in 1969.



Crowded surgery in the 1950's-- just one example of the need for more room.



\$2,700,000 construction program started in 1960

Right and below:
Laundry fire of November,
1961, when located in
garage on north side of
Third Street



\$75,000 destruction



Completed new wing in 1964 on northeast corner of hospital block

Easter fire, April 18, 1965. About \$37,000 damage but the most dangerous, being in the hospital building



Storage area in old surgery on sixth floor. The inferno destroyed new furniture stored in cartons.



Four-year "temporary" dining room and cafeteria set up in Jackson Hall recreation room. 1968

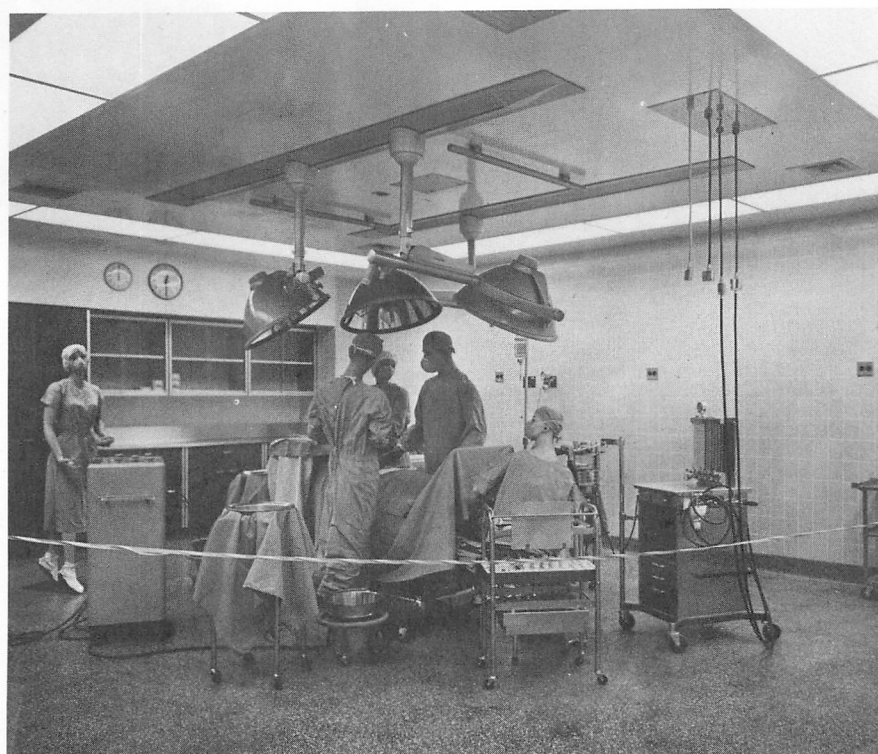
Completed dining room in 1972



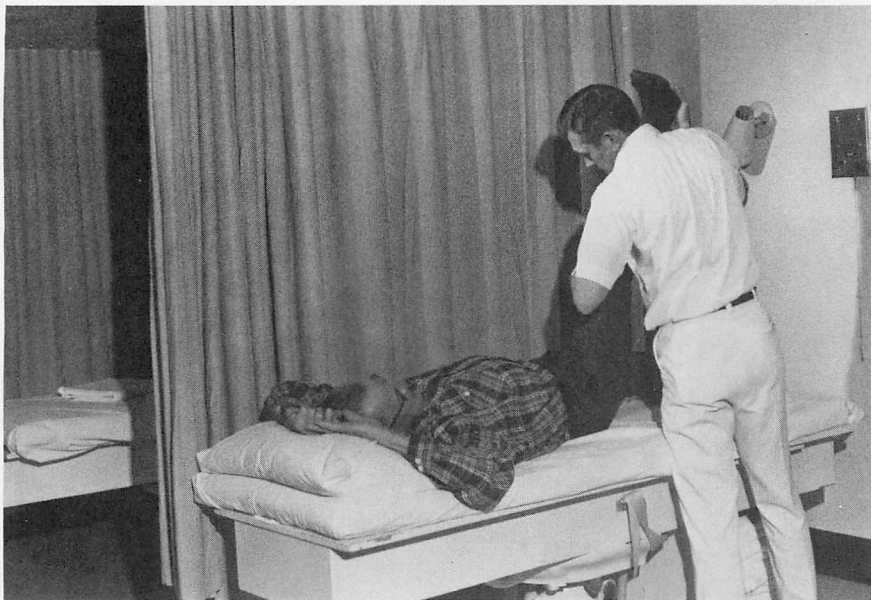
Robert L. Flynn, administrator from 1969 to 1971



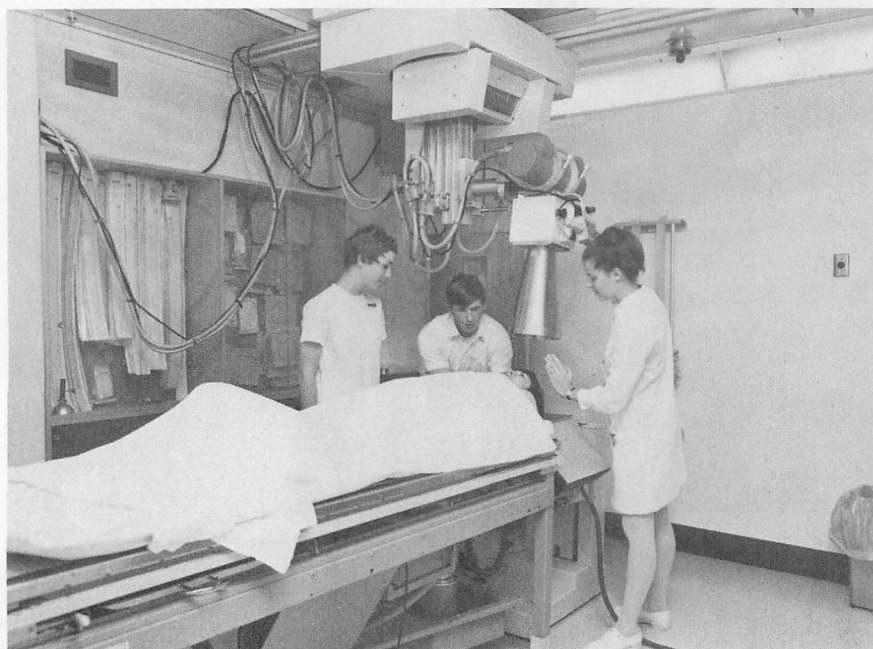
Completed expansion in 1964



One of the new surgical units



Left and below:
New physiotherapy
department

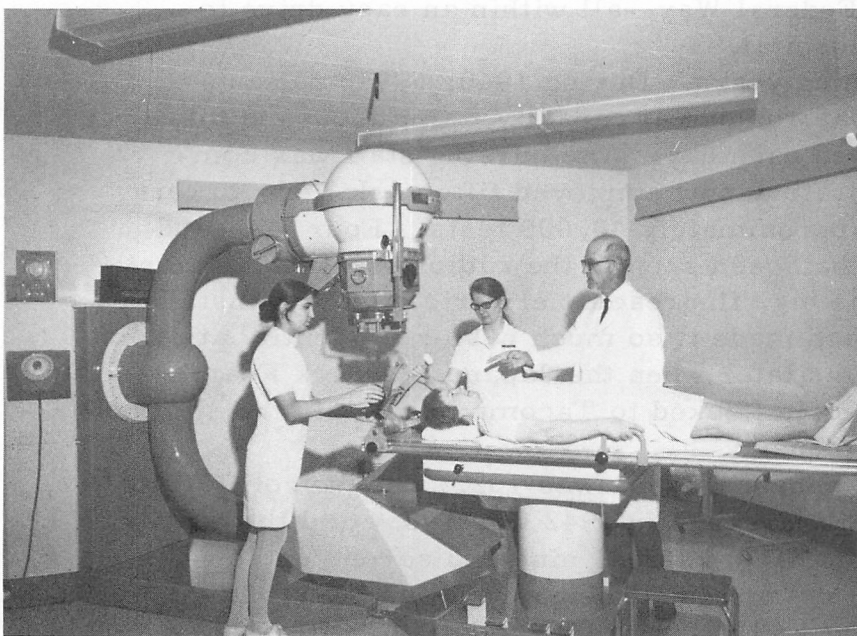


New X-ray department



Part of the new clinical laboratory department

\$50,000 cobalt machine in X-ray department



Kinnear Apartments on Division Avenue and K Street, purchased by the hospital and converted into offices for accounting, bookkeeping, data processing, etc., in 1971.

Bruce M. Yeats, appointed associate administrator in 1972



CHAPTER SEVEN

TACOMA'S population in 1940 was 110,300 and the population of Pierce County had grown to 182,081.¹ The automobile was now the primary means of transportation and linked outlying communities economically, socially, and politically. These districts were Lakewood, Browns Point, Dash Point, Gig Harbor, Puyallup, Federal Way--all within an easy drive to Tacoma and Tacoma General Hospital.

The '40's were the burgeoning years. During 1940, 6,916 patients were admitted. The hospital was running at capacity. One thousand three hundred meals were being served each day. The nursing staff was comprised of 248 people. The laboratory now employed fifteen skilled workers and assistants and performed approximately 40,000 tests. Four thousand one hundred twenty-four cases had been seen in the radiological department.²

In the early part of 1941 the big, fluorescent electric sign was installed on the front of the hospital, which made it so much easier to identify at night.³ It was darkened just a few months later when the Japanese struck Pearl Harbor, December 7. More people flocked to Tacoma to work in the shipyards and take part in the war industry.

The daily average hospital census in 1941 was 152. The payroll for the year was \$207,778.65. The daily average in 1942 was 198.9 and the average length of stay for adults was nine days; babies, nine and seven-tenths. The dietary department served 371,599 meals. The payroll was \$297,696.23. Remaining in the house, January 1, 1943, were 206 adults and forty-nine babies.⁴

In September of 1940, Clarence J. Cummings was forced to retire after twenty-two years' service, due to ill health. Walter A. Heath, cashier of the National Bank of Washington, was named director to succeed Cummings. He had been treasurer, a member of the board of trustees, and a member of the executive committee of the hospital since January.⁵

Born in South Dakota in 1890 he had been a banker since his boyhood, first as messenger, then advancing to manager, vice-president, and finally as president of a bank in which he owned controlling interest. In 1937 he sold his interests in that bank to the National Bank of Washington and came to Tacoma to take over the cashier's office.⁶

The rumblings of war again brought about unrest. One of Heath's first responsibilities was replacing key personnel. Harriet Klein had resigned as director of nurses. Flora McLaughlin resigned as dietitian. The assistant dietitian had also resigned. Mrs. Mary Kitto replaced Harriet Klein in 1941 and Miss Marjorie Dunlap joined the staff as dietitian the latter part of 1940.⁷

Mr. Heath slowly and carefully inaugurated change. The business office needed more room so the partition was removed and the office which had formerly been Mr. Cummings' was added. Then, the inner front waiting room was connected to the office which had formerly been the director of nurses'. Now, there was one large room which Mr. Heath and his secretary occupied and which also afforded space for board meetings, receptions, etc.

Many of the patients' rooms were redecorated in pastel colors. New floor coverings were laid in the corridors and in the patients' rooms where necessary. An effort was made to make the hospital more homey. The sun porches were equipped with new furniture and refinished in soft colors.

The first floor of the east wing (3C) had been used for sleeping quarters for night nurses. It was now necessary to vacate this floor to convert it into a pediatric department. The school of nursing, with classrooms scattered throughout the building, was now consolidated on the lower floor of the east wing (1C), formerly known as the isolation department. Nursing instructors' offices, classrooms, library, demonstration room, and diet laboratory were now all in one area.⁸

A new passenger elevator was installed at a cost of \$10,295, and a contract for a new service elevator to cost approximately \$12,000 was let to the Otis Elevator Company. The old equipment was installed when the hospital was built in 1915 and was badly in need of replacement.⁹

A complete renovation of all surgeries was made, and the sterilization room was completely rebuilt with new, modern equipment.¹⁰

The nursery had to be completely rebuilt and enlarged, increasing accommodations from thirty-five to sixty bassinets. New equipment was installed so people from the hall could request the baby they wished to see. Tacoma hospitals were almost overwhelmed with new infants, with an all-time high for April and the first four months in 1941. Tacoma General totaled 145 for April as against ninety-six for the same month in 1940, and seventy-three in April of 1939. During this month, there had been twelve babies born in a twenty-four-hour period.¹¹

A baby photographing plan was inaugurated the latter part of 1940 by the newly hired Kenneth Ollar, hospital medical photographer. His idea was quick to catch on, and one of the first--if not the first--like plan in the country. Infants were photographed on the fourth day because their color was normal. The baby had rested and had developed characteristics, and by the fifth day the mother had perked up and was taking an interest in her surroundings. The picture of the baby on her bedside table diverted her attention from herself for the balance of her stay.¹²

By July of 1942 the maternity wing had exceeded its capacity. A fifth bed had been put into each four-bed ward and an extra two were squeezed into the ten-bed ward. Two beds were placed in the alcove at the end of the east hall (present location of the anesthesia call room), and partitioning sheets were hung by adhesive tape on the windows of the sun porch to allow space for three more.¹³

The patients took it in stride and laughed about the cramped quarters, but it was an ordeal for the staff to work in these crowded wards. There was a shortage of nurses and no auxiliary help. Each nurse was assigned

thirteen or fourteen patients a day and that meant daily bath, medications, treatments, getting them up in wheelchairs, changing the water on innumerable bouquets most of which always seemed to be gladioli because they were so easily knocked over, and doing it all around the schedule of the babies' feeding time. The women understood when baths weren't completed before two or three o'clock. Then there was the charting to be done.

The doctors had their problems, too. With so many called to the services, the ones left at home were busy night and day. There were more hospital rounds to make and the crowding made it difficult to get to the bedside and talk to the patient when the goal was achieved. They were patient when medications were late and good naturedly made rounds alone, allowing the nurses to go on with their work.

Many a new mother received a kiss by mistake as a bewildered husband mistook directions to the bedside and the mother's back was turned to him. Many a father fainted under the stress and added to the confusion.

To make working conditions even worse, the hospital was blacked out as much as possible at night. Old-fashioned, farm-type lanterns were used at the chart desk, and they sat on the floor to reduce the glow. Only pencil flashlights were used in going down the halls to the rooms. The cockroach population delighted in such crowded conditions. The first beam of light sent them scrambling up the walls and into corners. They crackled like nutshells underfoot.

Clara O'Farrell was appointed head of the housekeeping department in 1941--Thora Herdahl having succeeded Helga Johnson in the late '20's, and Mrs. O'Farrell succeeding Emma Angeline who had been there since 1934. She found herself seated in her office one night at 11 P.M., dejected and utterly defeated--by cockroaches! It wasn't dirt, she knew. She had personally looked into every corner, nook, and cranny in the building and all was shiny clean. She had ordered new garbage cans and changed the service so that all dumping excluded any standing overnight, yet the varmints crawled out of the walls in droves. Failure was something completely new to this red-headed Irishwoman, and, to add to her chagrin, one of the doctors had bet her \$5 that she couldn't get rid of them!

As a shot in the dark she decided to write the largest chemical company she knew of and explained her problem. A few days later a large package was delivered. She rolled up her sleeves and went to work. For weeks a fine blue powder appeared in every corner of the building. She dusted it in drawers and closets. She had the engineer hook up a hose to live steam and assigned men around the clock to use it in the garbage collecting rooms, laundry storage, and kitchen areas. In just a week she collected her \$5, but her seige continued for months. The pests were vanquished.¹⁴

It was announced in 1941 that federal aid might be possible for local hospitals. Defense funds would be made available by the Lanham Bill before Congress, which asked an appropriation of \$150,000,000 for financing expansion programs. Mr. Heath said that at that time they were concerned with opening a wing for patients which had for several years been used to house the nurses (2C). "Of course, the opening of the wing," he said, "will give us two problems. We'll have to find someplace else to house the nurses

and, secondly, we'll have to find more nurses to handle the wing. And nurses are hard to get right now."¹⁵

But business went on about the hospital regardless of the war preparations. Mrs. Kitto resigned as director of nurses after just a few months, and Miss Laura L. Lehman took over in the latter part of 1941. She was a graduate of Elizabeth Steel Magee Hospital School of Nursing and a graduate of Teachers College, Columbia University.¹⁶

Samuel Morley Jackson was again elected president of the hospital and William Virges, vice-president; A. E. Blair, secretary; W. A. Heath, hospital administrator, treasurer. Two vacancies on the board were filled by Harold S. Woodworth and Corydon Wagner. Other board members were Alexander Babbit, Frank Baker, Norton Clapp, Minot Davis, Joseph Gilpin, William McCormick, Eugene White, Henry Foss, Forbes Haskell, and James Newbegin.¹⁷

This year the hospital purchased three lots at South Fourth and J Streets, adjoining four lots purchased the preceding year. The seven lots cost \$2,313.70.¹⁸

Dr. Benjamin W. Black, president of the American Hospital Association, urged all United States hospitals to be ready for war, particularly those in Atlantic, Pacific, and Gulf Coast cities. He suggested that hospitals provide for bombproof operating rooms and for sandbagging their exteriors to prevent damage from flying projectiles and debris. Black further urged facilities to treat poison cases and new operational plans for carrying on during blackouts.¹⁹

Dr. W. B. Penney was the head of a committee to stimulate purchase of defense bonds and Dr. A. L. Schultz reported on the Home Defense organization and asked the cooperation of all the doctors in the development of the organization.²⁰

The effects of the world at war are definitely reflected in the work of the hospital; principally, through an increased patient load. The influx of defense workers and the drain of trained personnel taken into the war industries and the armed forces conspired to strain facilities.

One solution had helped solve the problem at Tacoma General. For years hospitals figured maintenance as a part of remuneration. This was a continual source of irritation to employees inasmuch as it restricted them to the use of hospital accommodations. On June 1, 1941, Tacoma General initiated an entirely new policy.

The cafeteria was placed on a cash-per-item basis and rental prices placed on dormitory rooms. Substantial reduction in food waste and saving in food costs were evidenced. The employees were better satisfied with working conditions, and labor turnover was decreased at least sixty percent among service workers.²¹

The problem of staffing nursing service required many solutions over the next few years. Considerable difficulty had been experienced in maintaining a staff of general duty nurses to adequately care for the growing number of patients. It was necessary to increase the salary of this group from \$65 per month to \$90.²²

Representatives were going about the country requesting nurses to join

the American Red Cross Reserves. Women who had been members for some time were already being called into active service. One solution to help the hospital staff was ward aides or nurses' aides. By early 1941 there were seven ward maids in auxiliary service. By 1943 there was at least one on every ward on every shift. She could serve drinking water and nourishment, answer lights and tell the nurse what was wanted, change the water for flowers, distribute basins of wash water, and clean and put away used equipment--an obvious boon both in terms of economy and hospital efficiency.

Then just as the aide was making her need felt, the War Manpower Commission ordered that every worker had to register with the United States Employment Service and obtain a release to work if he had been employed in an essential service in the last sixty days. This made it extremely difficult to hire competent nurse aides or any other nonprofessional help and fired the continuing squabble over whether civilian or military sickness should take precedence. The point was moot, since women wishing to work had to apply to the employment service and most went to Madigan after being told they paid more.²³

Another government mandate to hamper the hospital was the minimum wage law. No person could employ any woman as an office worker for more than six days in one calendar week of forty-eight hours nor for more than eight hours of any one day. And no person could employ an experienced woman in an office at a wage of less than thirty-seven and one-half cents per hour or \$18 per week.²⁴

But the scarcity of nurses brought their salaries up, and the salaries of all the hospital personnel went up with them, percentage scale wise. By 1942 the general duty salary had been raised to \$125 per month. An army nurse with the rate of second lieutenant received the same, plus \$18 subsistence. A first lieutenant received \$166.67, plus subsistence. Nurses flocked to the military services for patriotic reasons as well as for monetary reasons, which meant that the bulk of general duty was carried by the married nurse.²⁵

The Bolton Bill passed Congress in June of 1943, thereby creating the United States Cadet Nurse Corps under the Division of Nurse Education of the United States Public Health Service. The purpose of the Act was to provide more nurses for military and civilian needs in response to the national emergency. Cadet nurses were educated under an accelerated program which made them available for government or essential hospital service during the last six months of their nursing school. It was discontinued in 1946.²⁶

The hospital personnel numbered 350 in 1942. There were beds for 215 adults and bassinets for sixty babies, and still there weren't enough employed in nursing service to care for the increase.²⁷

Leaders in the nursing education field and the American Nurses' Association studied services that could be performed by the nonprofessional nurses. This resulted in these organizations promoting the preparation for practical nursing. Through their combined efforts, federal funds were allocated to state departments of education to include courses in practical nursing under the Vocational Education Program.

Under this plan the first course in the state was established in the Edison

Vocation School in Seattle in 1943. In 1949 a law was passed by the legislature providing for the examination and licensing of the practical nurse.²⁸ Thus the advent of the practical nurse.

Hospital rates continued to rise--understandably but nonetheless inexorably. As of June 15, 1943, a bed in the six- to ten-bed ward on the obstetrical floor cost \$4.50; four-bed, \$5.00; two-bed, \$5.75 to \$6.50; and private rooms were \$6.50 to \$10.00.

Major surgery fees under general anesthetic were \$32.50. If only a local anesthetic was indicated the fee was \$27.50. These charges covered a period of one and one-half hours; \$1.25 additional was charged for each fifteen-minute period. Minor surgery under general anesthetic was \$17.50; and under local, \$12.50.

The minimum charge for dressing room or emergency room care was \$3.00. The minimum anesthetic charge was \$7.70.

The delivery room fee was \$15.00 for ether anesthetic and \$20.00 for gas anesthetic. Gas anesthetic was much more pleasant for the patient to take--not the biting odor of the ether inhalations before unconsciousness or the wretched nausea that accompanied waking with most patients. Nitrous oxide, or gas, produced a state of exhilaration or well-being, relieving the natural apprehension at the start of its administration.

Care for the newborn with the mother in the hospital was seventy-five cents per day and after the mother was discharged, \$2.50 per day. The hospital charge to the patient for circumcision was \$3.00.²⁹

The 1943 birthrate was up forty percent in Tacoma over 1942. Tacoma General was reporting as many as twenty births a day. Infant pictures had to be discontinued for a time as the country needed the photographer's services more than the hospital.³⁰

Between 1935 and 1943 the number of births in hospitals increased by ninety-six percent. The number of puerperal deaths per 10,000 live births declined from sixty-two in 1933 to twenty-five in 1943. Better antenatal care and better asepsis in hospitals were contributing factors. There had also been a forty-five percent reduction in infant deaths from dysentery, diarrhea, and enteritis.³¹

The lying-in department was as crowded as the rest of the obstetrical ward. A third delivery room had been made of the former lying-in room which was across the hall from the scrub room. Room 371 (5171) now held three beds for lying-in and other rooms up the hall were used as necessary. Most of them had been made into two-bed wards for delivered patients. What is now the chart room was the doctors' room with shower and lavatory adjoining. The chart room then was one end of the workroom. Charting was a much more involved process as there were no simplified forms as used in later years, in which procedures were printed and required a mere check when carried out.

The quick turnover of patients in the delivery area made it difficult to remember which patient was where. It had long been a cause of Dr. M. R. Hosie's to have a blackboard in the workroom to identify location and current progress in labor of each patient. His perseverance in advocating its benefit finally tore down natural reluctance to change--helped, too, by the rising

number of patients. The board did not make its appearance until the early '50's, but the days of inhalation anesthetics prior to that would have prevented anyone's having time to write on it anyway.

Room 308, the large, six-bed ward belonging originally to three north, had been taken for maternity patients and extra beds were added. Room 309 was used for minor surgery and for mothers who had lost their babies or whose babies were to be adopted. When Ward A (2C) had been closed during the depression, the men had been moved to third north (5A). Now, an added problem was the difficulty of working in 308 or 309 with male patients sitting about in wheelchairs, so Ward A was reopened and the men returned to it. Maternity took over the whole of third floor with excess room allotted to minor surgical cases.

Ward A had been used to house students for several years. The problem of vacating it was solved partially by sending the local senior class students home to live, and the hospital paid their daily transportation costs.

The drug room had not been touched since the original plan in 1915 and was by now undersized and antiquated. A large percentage of medications consisted of capsules, powders, and liquids which were all made up from prescriptions but that era was coming to an end. Ready-made packaged materials were coming on the market and more storage room was needed. There was no available room to expand the space, so a means of better utilization of the area already there had to be devised.

Open faced shelving had served to store the stock for many years. Now this was torn out and new, deeper shelving placed all the way to the ceiling. This newer shelving contained a series of pullout compartments stacked side by side like large books and each one containing small shelf space of its own. Hundreds of small vials could not be stored in much more compact space. The outside of the compartments, like book bindings, marked the contents so individual items could be found just by glancing down the rows. The cabinets and complete interior of the pharmacy were finished in a rich walnut.

The exterior of the old dispensary had been a fragile structure of glass and wood that did not rise to the ceiling of the hallway. It was no problem for an enterprising addict to burgle the flimsy structure, and one did manage to get over the top one evening during visiting hours. Unfortunately, the surprised observer saw him coming out instead of entering. The few steps to the hospital front door allowed him to make his escape. A new, solid front curbed this sort of traffic

Fred Boehm succeeded Mr. Truedson as pharmacist in January of 1942. He stayed in that capacity for over twenty-five years and acquired a son in the process.

A little boy toddler had been brought into the emergency room one night with a severe cold and fever. He was put to bed in pediatrics and soon recovered, but no one came to see him or claim him. The nurses fell in love with him and he, with them. He tagged them around the ward and spent hours on laps in the chart room. It was impossible to keep him penned in his crib and not at all uncommon to see the naked urchin peeking around the corner or running down the hall. One day on one of these flights he ran into Boehm, who was delivering drugs to the floors. The druggist knelt, and the boy ran

straight into his arms. It was love at first sight with both of them. Thereafter, he kept the nurses busy running to the pharmacy to retrieve their charge. The next step was soon accomplished--Fred Boehm adopted him and took him home.

The remodeling spanned a period of two years, and one of the biggest jobs to be accomplished was replacing the main stairway. The original structure was built of wood with perforated metal sheeting to hold cement facing. After twenty-eight years' use they were worn and badly in need of restoring. One by one from subbasement to surgery they were torn out and precast terrazzo set in. Walls were repaired where the plaster had cracked, and repainted. The result was a much more durable, attractive, and safer facility.³³

And an innovation of Walter Heath's was a playfield established on the Fourth Street hillside opposite the hospital's south side with courts for tennis, badminton, volleyball, softball, and archery.³⁴

Dr. C. G. Trimble was training civilians in first aid classes.³⁵ All who could spare a few hours a week were taking turns climbing some elevated spot to report all air traffic to the defense office. The men of the family donned hard helmets and checked their neighborhoods for blackout and fire prevention precautions.

A blood bank was established in the hospital in cooperation with the American Red Cross and the Office of Civilian Defense.³⁶

Two key men joined the army in 1942. Dr. Charles P. Larson left and Dr. Benjamin Terry, former pathologist, took over while he was away. Dr. Bernard D. Harrington, radiologist, left his department under the part-time watch of Dr. V. E. Crowe.

Dr. Frank J. Rigos was appointed radiologist in 1943. He was from the Mayo Clinic, Rochester, Minnesota, where he had been associated for the past three years, and was a graduate of the University of Minnesota where he received his degree in 1936. He became a fellow in radiology at the Mayo Clinic and was appointed first assistant in diagnostic roentgenology.³⁷

Clarence J. Cummings died of a coronary in a Portland hospital. January 30, 1943. The man who had spent twenty-two years of his life working for Tacoma General Hospital had been born in Glencoe, Minnesota, March 7, 1881, which was just about the time Bishop and Mrs. Paddock were leaving New York for the West.³⁸

More babies were born at Tacoma General Hospital in 1943 than in any other hospital in the State of Washington. The first year for this record, only three other hospitals on the Pacific Coast exceeded the figure of 2,560 babies born.³⁹ The obstetrical report for that year reflected conditions of the time: 410 induced labors--no doubt because the busy schedules of the doctors necessitated more planned deliveries; and five maternal deaths--it was just the dawn, as yet, of penicillin.

Penicillin is an antibiotic organic acid made from the mold of *Penicillium notatum*. It was first observed by Sir Alexander Fleming in 1929 while working on staphylococcus variants in his laboratory in London, England. He noticed that the broth in which the fungus was grown disintegrated some of

the bacteria and inhibited growth of others. The discovery was confirmed by other scientists, but not much thought was given to it as the strength of the broth did not evidence startling results.

A few experiments were conducted over the years, but it was not until 1939 that a group led by Sir Howard Walter Florey of Oxford University concentrated on extracting penicillin from broth cultures and developed it as a therapeutic agent. A year later it was found that a solution of penicillin injected into staphylococcus-infected mice produced remarkable results. By 1941 a few therapeutic trials were made on men with staphylococcal infections that had resisted other treatment. The object was to develop an agent to be used for the armed services and the results were decidedly optimistic.

But war-ridden England was prohibited from making the antibiotic on a large scale so the team of scientists visited the United States. This started a research program by governmental, university, and industrial laboratories. The first direct observations on patients were made at Yale University and the Mayo Clinic in 1942, the first clinical trial being on a stubborn, inevitable, four months pregnancy abortion. This progressed to a streptococcal septicemia with temperatures soaring above 106 despite emptying the uterus, high plasma levels of sulfadiazine, repeated blood transfusions, and supportive treatment. Exploratory laparotomy was performed, vein ligations, and, after three weeks, hysterectomy and bilateral salpingo-oophorectomy were performed. The woman remained in critical condition.

The supply of penicillin was limited, but it was started on the twenty-ninth day and given as long as the supply lasted, even salvaging that excreted in the urine and reusing it. The result was astonishing. The temperature dropped within twenty-four hours and remained normal.

By 1943 the use of penicillin had been authorized for use by the surgeon general of the United States Army for use in a military hospital. Its merits spread over the country, and doctors would have tried it more extensively but the limited amount was meted out only to the critically ill and then in pitifully small amounts. Ten thousand units cost approximately \$10 and eyebrows were raised when some doctors dared to order 30,000 units. Much larger doses given today cost but a few pennies and are available to everyone.⁴⁰

Penicillin's impact is incalculable. Not only were a number of heretofore serious diseases reduced to routine medical problems but for the first time a relatively inexpensive, effective cure was available to the population at large.

To hospitals it would mean a huge cut in the number of hospital days per patient, reduce the number of surgeries necessary in some cases, and open vistas of possibilities in others. It brought about a radical change in the types of patients hospitalized--and necessitated more knowledgeable nursing care. It would mean the end of hot packs and pneumonia jackets, fewer hours at the bedside, and more time for dispensing medication. It would mean that nurses would be relieved of drudgery and so must upgrade their knowledge. Now it would mean not only "how to" but "why" and the acquisition of an alert eye for results or reactions to medication. No longer would a diploma-in-hand be the end of the learning road. She must be familiar with

new medications and dosages and more technical means of administration. She would attend workshops, seminars, drug fairs; and she must learn to supervise and teach.

To doctors the advent of penicillin would mean less home and hospital visits, more office examinations, and a closer unity to the telephone. People would become educated to the boon of miracle drugs, and the doctor would become liaison man between pharmacists and patients. It would mean more preventive as well as therapeutic treatment and less supportive treatment. He would carry a smaller bag--if he carried any at all.

It was in early 1943, before the general use of penicillin, that a humorous event took place at Tacoma General--humorous to recall but a severe headache at the time. The international king of the Gypsies happened to visit his flock in Tacoma, a real honor for the city. But while here, he suffered an appendicitis attack and was hospitalized by his attending physician, Dr. Woodard Niethammer.

It was a tribute to the king and a sincere display of love and devotion from his people that caused the headache. They all came with him! The grounds and waiting room were literally besieged, and a human carpet of colorfully dressed bodies stretched up the stairs, around the corner, and down the hall to his room where he held court. Had penicillin usage been in full sway there would have been no problem, but the man refused surgery and his castle remained intact for two weeks when he fortunately recovered. In the meantime, Mr. Heath stayed night and day to soothe fraying tempers, and the housekeeping department went mad.⁴¹

Now with ward aides to give extra hands, it was possible to end the split shift for the day nurses. It was easier to lure more applicants to nursing service with three straight eight-hour shifts.

By 1944 everyone was working under pressure and wondering where more help was coming from. The nursing shortage was nationwide, and the particularly severe crisis at Tacoma General was aggravated by the city's proximity to the army base which also employed civilian nurses and the increased patient load created by the influx of shipyard and industrial workers. Now the Manpower Commission and the American Red Cross planned to recruit 8,500 more nurses for the services during the rest of 1944. At this time there were 50,000 in the army and navy; in active civilian service, 170,000; and in training, 112,300. The recruits would have to come from the latter two.⁴²

The cadet nurses had helped to relieve the shortage. In January of 1944 there were approximately 175 nurses in training at the Tacoma General school, of whom ninety-six were enrolled under the program.⁴³

It was the dream of Walter Heath to build a new nurses' home and the cadet nurses abetted its fulfillment. The federal government announced a grant of \$187,000 to provide nurses' training quarters in development of the cadet program. The hospital now owned the entire half block on the west side of K Street and would provide the additional funds with which to erect the proposed four-story masonry building, faced with brick, and to furnish and equip the structure.

The building would be 176 feet long, and, besides providing living

quarters for 125 nurses in training, would have quarters for instructors, classrooms, laboratories (both science and dietetic), lecture rooms, and an auditorium. There would be a tunnel under K Street to connect the hospital with the home.⁴⁴

The year 1944 was a year of epidemics. The year started out with scarlet fever. There were 267 cases in January; 238, in February; and 306, in March.⁴⁵ Influenza and pneumonia were winding up after striking in 1943, the hardest since the 1918 siege. Then diarrhea struck the babies in all the hospitals all over the country. Thought to be a virus, it was intensified by the increase in births and overcrowding in all nurseries. Airborne, it spread like wildfire. No one knows where it started originally, but the first deadly blow to strike in Pierce County was at the little town of Puyallup.⁴⁶

The onset was insidious. The first symptom was loose stools which later became bloody. The babies became gray in color, dehydrated, ran high temperatures, and death often ensued.⁴⁷ There were twelve babies in the nursery in Puyallup. When trouble was realized, all new babies were put into another room and some control was effected, but eleven of the twelve originally infected died within a few weeks. Sulfa, penicillin, fluids, blood transfusions--all were given to no avail. Doctors stayed with them night and day. The one boy who survived, now twenty-nine, carries the scars of all the injections that saved him.⁴⁸ The Tacoma News Tribune of September 29, 1944, carried the story of the little patients. At that time there were no deaths in Tacoma.

Then the disease lay dormant, gathering strength for its next attack when it hit Tacoma in the summer of 1945. Many babies were afflicted at home, and hospital nurseries were filled with it. Very few of the prematures survived, and the toll was severe with the others. But the intervening period after the Puyallup epidemic had given doctors an opportunity to study ways and means of curbing it. Penicillin was a year older and dosages were more generous.⁴⁹

The answer was absolute isolation and absolute cleanliness. When it was discovered at Tacoma General, all new babies were placed in a clean room and separate nurses assigned to care for them. Rooms were thoroughly cleaned and all new mothers were placed in these clean rooms. Then as the nursery was vacated it, too, was thoroughly cleaned. All new mothers were eventually concentrated on one end of the floor and the other end was readied. The process went on for months, mothers and babies going to clean areas, before the scourge was wiped out.

And still the birthrate continued to rise. Obstetrical departments over the country were pressed for space. Dr. Morris Rotstein of Baltimore reported in the Journal of the American Medical Association for July 22, 1944:

Experience at Sinai Hospital at Baltimore, and elsewhere, indicates that bed shortages in maternity wards can be relieved at least in part by allowing patients to be up on the third or fourth day after delivery instead of remaining flat on their backs for ten or twelve days.

One hundred and fifty patients who delivered vaginally were chosen at random and allowed up on their third or fourth day after delivery. Parity and type of delivery were not taken into consideration. However, no patient with toxemia, heart disease, or other complications of pregnancy was included in this group. In this series no ill effects were noted. The patients when allowed up felt well and were able to walk about and take care of both themselves and some of the in-bed patients, thus greatly assisting a war-depleted nursing staff. When allowed to go home, which varied from the sixth to the eighth postpartum day, they felt strong and were better equipped to go about their duties of taking care of themselves and their newborn infants.

By the end of 1944 many doctors in practice in Tacoma were in service: Capt. J. W. Bowen, Lt. H. H. Andrews, Capt. L. S. Baskin, Capt. J. R. Brooke, Maj. W. G. Cameron, Capt. C. C. Carlson, Capt. Carlisle Dietrich, Capt. G. A. Drucker, Capt. Albert Ehrlich, Maj. E. J. Fairbourn, Maj. William Goering, Capt. H. F. Griffin, Lt. William Hauser, Maj. B. D. Harrington, Lt. F. W. Hennings, Maj. H. W. Humiston, Capt. F. A. Janes, Comdr. L. E. Joers, Maj. Fordyce Johnson, Col. Scott Jones, Capt. G. C. Kohl, Maj. C. P. Larson, Lt. Col. R. B. Link, Capt. G. G. McBride, Lt. C. M. McCandless, Maj. Frank Maddison, Capt. H. H. Meier, Maj. F. L. Monzingo, Lt. Fay Nace, Capt. R. A. Norton, Capt. M. C. Parrott, B. J. Pipe, Maj. Jess Read, C. C. Reynolds, Maj. A. A. Sames, Lt. Carl Scheyer, Lt. Leo Scheckner, Capt. K. H. Sturdevant, Capt. R. A. Wetzler, Lt. Col. C. W. Whitaker, Capt. Don Willard, Capt. E. R. Anderson, Capt. J. A. Benson, Lt. P. E. Bondo, Lt. R. V. Bucklin, Lt. Comdr. J. R. Flynn, Maj. Clifford Halvorsen, Capt. Cecil Hurst, Comdr. W. E. Lewis, and Lt. Bruce Milligan.⁵⁰

They were spread over the states and over the world from the South Seas to Attu. There were no deaths. There were no outstanding acts of heroism, but it did take considerable courage to leave practices, just established in most cases, and wonder how they would get started again when they returned home. Some reported that they had borrowed up to the limit of their capacities to maintain their families at home.

A letter from Dr. Charles Larson in France recorded his awe at the strength and savagery of the French mosquitoes. He said they brought their own salt and pepper and turned over a man's dog tag to see what blood type he had.⁵¹

It was no bed of roses on the home front, either. An anonymous letter from a Tacoma doctor to a colleague in uniform carried underlying truths, though waxing facetious:⁵²

The doctors here are busy, but no one is breaking down under the load although we all wear halos about our heads and feel very self-righteous from our exposure to the comments of our friends telling us what hard, self-sacrificing lives we lead.

I notice the doctors' room at TGH has its usual morning quota of easy chair artists donating their sage observations. Chris continues

to advise universal psychiatric examinations when he is not defending the Swedes against Murphy's derogatory observations. TGH is plenty full and to get surgery when you want it is a constant problem. The scalpel artists are having a real heyday because more people have money and many operations are not undesired.

The frame houses west of TGH are being torn down and a large nurses' home will be built there in '45. I understand Walter Heath has plans for a greatly enlarged hospital center.

Penney and Read are Tacoma's state medical trustees and are giving a lot of their time trying to get a workable prepaid hospital and family medical coverage plan under way. I really know little about it except that as usual it is difficult for doctors to agree and more difficult for them to remain in agreement for any length of time...

Madigan Army Hospital opened at Fort Lewis in 1944. Prior to that there had been the Ft. Lewis Station Hospital built in 1941.⁵³

It was about this time that labor adopted the five-day week. All hospital personnel were working a six-day week, and the general duty salary had risen to \$160. Hospitals were pondering the future, which would certainly result in the labor-led five-day week, and considering its impact on the payroll.⁵⁴

Even Uncle Sam had to raise prices. All letters now required a three-cent stamp and airmail was eight cents.⁵⁵

A small stir in the world of invention took place this year which would be a blessing to hospitals--that of the ball-point pen. The handwriting of the doctors--notoriously poor scribblers--would be a bit more legible; and nurses, pharmacists, and particularly record room personnel would have fewer headaches.

In January of 1945, Samuel Morley Jackson retired as president of the board of Tacoma General Hospital after thirty-three years of service. In those years the hospital had quadrupled the number of patients under care. He had been a member of the board since 1905. Tacoma, as well as Tacoma General, was in Mr. Jackson's debt for a labor well done.⁵⁶

Harold S. Woodworth, a member of the board since 1941, was elected to succeed Mr. Jackson. He had started as a newspaper reporter and risen to the presidency of Woodworth & Company, one of the Coast's biggest contractors. His company had paved the highway between Olympia and Tacoma and built the scenic Chuckanut Drive. A good man for the job--there was much to do.⁵⁷

The building permit for a \$365,000, five-story, 60 x 150' nurses' home was taken out in January of 1945. It was to be built by Macdonald Building Company. In spite of the war, construction was started that same month. By December the building was being plastered, but it was doubtful if it would be used before February or March because of the shortage of labor.⁵⁸

Walter Heath wrote in the 1945 annual report:

During the war years we were obliged to turn many patients away, but there were always beds available in other hospitals in the city.

At the present time, however, every hospital in Tacoma is taxed to capacity, and the lack of local facilities for the care of the sick has become a real problem. For many weeks every bed has been occupied every day, and we have been obliged to refuse reservations daily. At times we have as high as twenty persons on our waiting list, many of whom are acutely ill.

The shortage of nurses struck an all-time record. Married nurses and nurses' aides have returned to their homes while, as yet, the great number of nurses in the service have not become available for civilian nursing.

The dietary department served 408,335 meals to patients and staff. Taking into consideration only the direct cost to the department and not including general administrative charges, the cost per meal was $34\frac{1}{2}\text{¢}$, or $19\frac{1}{2}\text{¢}$ covering raw food, and $14\frac{1}{2}\text{¢}$ for labor.

Isobel Humphrey, dietitian since Marjorie Dunlap Schluss left in 1943, now had the problem of rising food costs.

The expanding business of the hospital created problems other than patient care. There were now eight girls employed in the office taking care of the switchboard, admissions and discharges, information, and the book-keeping. Mr. Carl Rasmussen was credit manager. Mr. Heath did all the interviewing and hiring of nonprofessional help.⁵⁹

Increased patient load meant a great increase in traffic in and out the front door. Up to this time the swinging doors had made little change in the temperature of the office, but this winter of 1945 found them constantly swinging, with a cold wind freezing the office personnel. Glass partitions were built above the counters but gave little relief as the sliding glass doors had to be opened so often. So the ends of the porch canopy which stretched out over the driveway were glassed in. This did thaw the office girls out a bit.

The lower two feet of the enclosures were brick planters which, in the spring, were filled with begonias, geraniums, and such. It was lovely, and worked out fine after the gardener learned that the plants had to be set well back. People waiting for rides used them to sit on, and they were just the right height for marauding children.

Laura Lehman resigned her position as director of nurses in 1945, and Mrs. Ione LaRue Groff was acting director until Miss Dorothy Glynn arrived later in the year. Miss Glynn had been formerly associated with the Suburban Hospital at Bethesda, Maryland, and was director of nurses at the Norwegian-American Hospital, Chicago, for six years. She received her B. A. degree at Colorado State Teachers College and took her professional training at Kahler Hospital School of Nursing in Rochester, Minnesota.⁶⁰

With the end of the war there was a great burst of energy and development in Washington State. First, thought was given to building a children's general hospital in Tacoma.

Dr. Larson returned and resumed his duties as director of laboratories. Before leaving for the war he had started the combined laboratory school of the Tacoma General Hospital and the Pierce County Hospital. A crime

laboratory under his direction was started in 1941, being the first of its kind in the State of Washington. It would cover firearms identification, forgeries, handwriting, secret writing, ink and paper analyses, and identification of typewriting. It also made toxicological analysis of body organs for the presence of poisons. It made tests to identify human blood, types of fibers and cloths, types of soil and dust.⁶¹

Larson's last assignment was in France where he was pathologist and chief of laboratory service for General Hospital No. 50 in Commercy. His rank was that of lieutenant colonel and he had been chief pathologist for the Allied War Crimes Commission.⁶²

The end of the war brought an even greater increase in births. By September of 1946 the maternity section which normally housed sixty-four beds now had eighty-one patients. The seventy-crib nursery had eighty occupants.⁶³

The nursery had to have more room. A door was broken through the north end into 308, the six-bed ward; and it was added to the nursery space, becoming what is now the north nursery. The next month established a new record of 261 births.

In 1943, with the first big boom in the baby industry, it had been necessary, with the nursing shortage, to build a multiple conveyance cart to transport babies to their mothers for feeding. Now it was really busy, flying up and down the halls with its two rows of a dozen infants. Sometimes, the frantic nurses even put two in a compartment to save steps. One nurse and one aide covered the nursery at night, sometimes with a census of over one hundred babies.

But despite the shortage of help and the rush, the statistics on postwar health revealed significant improvements in hospital care. Dr. C. R. Fargher, director of health for Tacoma, reported:⁶⁴

The American people are gathering the harvest of the successful labors of medical science and public health administration.

In 1919 there were 2,149 births recorded, a rate of 22.3 per 1,000 population. In 1946 the greatest number of births recorded for one year in the city's history--3,516--was registered, a rate of 25.7 per 1,000 population.

In the past twenty-seven years there has been a gratifying reduction in infant mortality. In 1919, 141 babies died before the age of one year, a rate of 65.6 per 1,000 live births. In 1946, 105 infant deaths were recorded, a rate of 29.9. Good prenatal, obstetrical, and pediatric care and the high percentage of births in hospitals have influenced this decline.

There were twenty-five maternal deaths in 1919, a rate of 11.6 per 1,000 live births. In 1946 there were three, a rate of .8--the lowest in Tacoma's record.

During this twenty-seven year period there was a decrease in the crude death rate--13.0 per 1,000--in 1919, as compared with 10.5 in 1946. In 1919 approximately twenty-five percent of the deaths recorded were persons over sixty years of age. In 1946, sixty percent of the

deaths were in this age group.

Metropolitan Life stated in their 1946 statistical bulletin that the expectation of life at birth, as determined from the mortality prevailing in 1945, reached an all-time high of 64.95. In 1912 the expectancy was approximately forty-seven.

It has been well said that more progress was made in pediatrics after about 1920 than in all the time before that. Mead's Cereal (Pablum) was introduced in 1930, the first noteworthy improvement in infant feeding for 150 years. It was first given to infants in their sixth to twelfth month, but, by 1940, was added to a baby's diet as early as the third or fourth month.

As applied to the feeding part of pediatrics, the Mead Johnson collection of pediatric antiques bears eloquent witness to the great strides made. The odd-shaped utensils defied thorough cleansing, and sterilization and pasteurization were not then in vogue.

Mothers in ancient Greece fed their babies honey and goat's milk from pottery nursers. One of these, in the company's collection, dates back to 300 B. C. It is approximately three and one-half inches high and resembles a small teapot, beautifully wrought and painted but as impossible to clean on the inside as a teapot, too. The spout acted as the nipple. Also in the collection are pewter bottles which were used in England, France, and Holland from 1600 to 1800; early Victorian bottles of 1850 in which a sponge or chamois was used as a nipple; a nineteenth century Italian majolica vessel of pottery coated with a tin enamel, richly and beautifully decorated; and an Early American glass bottle, ugly in shape and just as impossible to clean as any of them. It causes disbelief that babies survived at all. From the company's literature:

The baby's cereal of a century ago was simply stale bread lightly boiled in water, wine, or beer. Butter or sugar might have been added but the use of milk was regarded as fraught with danger. It was thought, according to Dr. T. G. H. Drake, that milk might bring on the watery gripes, or the infant might imbibe with the milk the evil passions and frisky habits of the animal supplying the milk.⁶⁵

A discovery was made in 1945 that would further the safety of infant feeding and treatment as well as all ages. A pliable, clear material that could be molded into various shapes was developed by Dr. Arthur L. Kaslow, a gastroenterologist. The first "tube" shape to be devised, it could be adapted to many uses, prepackaged and sterilized for multiple instant purposes. Hospitals were appalled at the thought of discarding a "perfectly good" tube after a single use, but, when it became apparent that this procedure could actually save money for the hospital by eliminating the need for cleaning and sterilizing "reusable" rubber products, the idea caught on. The safety factor to the patient was the real selling point. Cross-contamination would be drastically reduced.

The discovery was taken over by Baxter, Inc., and, in 1947, disposable intravenous administration sets came into use. It was not until 1949 that the

stomach tube, plastic gastrointestinal tube, and irrigation tubes were placed on the market for general use.⁶⁶

Not surprisingly, the first to invent a flexible catheter was Benjamin Franklin. Not plastic, of course.⁶⁷

Ben would have nodded his approval at one Tacoma General graduate who found herself isolated on Anderson Island with a man who was dying of cancer. There was no phone and no way to get to the mainland. The man was suffering with a full bladder. What did she do? She boiled a length of spaghetti until it was tender, yet strong and flexible. It worked.⁶⁸

It was in July of 1946 that all hospital personnel won a five-day week. It made a striking difference in the payroll as more staff had to be added; and general duty for nurses now paid \$175, with pay of other personnel rising, also. Also effective that July, the first hospital rate increase in the district in several years took place. The lowest ward rate was now \$7. with private rooms \$9 and up; semiprivate, \$7.75 and up.⁶⁹ One year before, Mrs. Esther Brewsaugh delivered. She was admitted on July 2, delivered on the 4th, and went home on July 13. She was in room 303, a four-bed ward. Her bill:

Room service	\$ 5.00 per day
Delivery room charge	15.00
Baby care	.75 per day
Medicine	2.95
Laboratory	1.00

There was no anesthetic charge listed, and she was unable to buy the baby's identification necklace because of the war shortage of beads. Total charges for obstetrical care came to \$82.20.

A 1946 event relating to Tacoma General's future was the opening of the Tacoma-Pierce County Blood Bank at 728½ St. Helens Avenue. Under the original financial plan adopted by the Central Labor Council, \$30,000 was raised to start it. In 1950 this same organization helped with a substantial loan to erect a new building for the project in the Tacoma Medical Center with Dr. M. J. Wicks, director.⁷⁰

Another was the purchase by the Pierce County Industrial Medical Bureau of the building located at 742-746 Market Street, formerly known as the Bridge Clinic. It was remodeled to a capacity of sixty beds and started functioning under the name of Doctors Hospital.⁷¹

Lakewood Clinic opened and planned a hospital in close proximity in the near future.⁷²

Ruth Babb, in charge of physiotherapy, resigned in 1946 after eighteen years in which she made one of the most successful departments of its kind on the Pacific Coast. Mr. R. M. Hill, trained at the Mayo Clinic, came to take over the work.⁷³

It was still difficult to hire enough nursing staff to fill the needs of the five-day week. Student nurses were being recruited with no restrictions on marital status or living arrangements. Enrollment in the two schools in Tacoma showed a fifty percent decrease. Students now had to pay \$400 to study the three-year course.

Samuel Morley Jackson had retired in 1945. His death, in 1947, meant a real separation. The beautiful, new nurses' home on the west side of K Street was dedicated to him and named "Jackson Hall." It was a drawing card for recruiting student nurses, but the class of thirty-five or forty to start in September of that year was far short of the goal of seventy-five.

The \$400,000 structure was attractive and modern with facilities which hotels of the future might hope to attain. There were large, double rooms with built-in desks, double closets, and spacious chests of drawers. The huge reception room was luxuriously furnished and decorated. One end of the room was taken up by the eye-catching fireplace and gorgeous woodwork paneling. Harold Woodworth donated a baby grand piano and Henry Foss gave a modern and powerful radio.

Everything in the whole building was as lovely and useful as careful thought and money could make it. The dietetics laboratory in the basement was just like individual little kitchens, each furnished with electric stoves and refrigerators, counters, and cupboards. The science laboratory was as nice as any college offered. The classrooms and amphitheater were a thrill to be in after the hit-and-miss spaces for learning that had been the students' lot ever since the school started.

The entire building was the acme of perfection and beauty--and the pride and joy of Walter Heath who had conceived and pushed the idea from the start. And then--

The tunnel had been built under K Street which connected the home to the hospital. It was a wide, underground hallway, attractively painted with light walls and dark linoleum-tiled flooring. It had barely been finished when one of the student pranksters got the fire hose down and turned the water on. She didn't realize the power of the flow and before she could get help to turn it off the whole length of the tunnel was flooded. The floors and lower walls had to be replaced. The building was no longer new.

Mr. A. H. Downton, the head gardener, had started with the hospital in 1946 so had the grounds in beautiful array to show off the student's home. Azaleas and rhododendrons, colorful begonias and other shrubs were in profusion around the new building. The hospital grounds across the street complemented this with geraniums and marigolds in the beds bordering the front walk. Both sides of the driveway were lined with roses, petunias, gladioli, and asters. Flowering trees dotted the whole block and the large greenhouse in the rear of the hospital kept the grounds supplied with blooms of the season.

When the students had moved across the street it left the old home on J Street empty. Now termed "the annex," it soon assumed a completely new atmosphere and occupancy. The big reception room was partitioned and shelved for the receiving and stores department, and the print shop also went to the first floor. Other rooms in the building were used for storage for awhile but were eventually absorbed for offices of departments not even thought of in 1947.

The medical records department had been quiet for many years in the space where the nursing office is in 1972. In charge of Helen Myers, it was now moved to the employees' small dining room in the basement and the

employees' dining room was moved to larger quarters in the old classroom.⁷⁴

Old charts had been stored for many years in a room opposite the basement driveway entrance. Now that the tunnel had gone through, new storage rooms had been cut into the walls of that. All histories for a twenty-five year period from 1915 to the end of 1940 were microfilmed. It was then possible to destroy the old records which were estimated to weigh approximately eight tons and greatly relieve storage problems.⁷⁵

With the relocation of medical records the old room 111, once the living quarters of the director of nurses, now became the nursing office for Dorothy Glynn and her assistants. Purchasing moved into the old nursing office across the hall, once an empty accessway for future building.

Dr. Charles Larson had a busy year. The Pierce County Cancer Detection Center had been in operation six months and saw and examined an average of thirty patients per meeting. Dr. Larson was the chairman.⁷⁶ A new reserve army surgical hospital group was formed, the 346th Mobile Surgical Hospital of the Army Organized Reserve Corps. The commanding officer was Lt. Col. Charles P. Larson and the executive officer was Lt. Col. Wendell G. Peterson.⁷⁷ The pathology department had been approved by the American Medical Association to train three residents for a full three years in pathology instead of one resident for one year. Tacoma General was one of the few hospitals in the West with this complete approval, and it meant that residents in pathology would receive all the necessary training to take national board examinations to become certified diplomates of the American Board of Pathology.⁷⁸

The year 1947 was a year for schools. The first school for cerebral palsy patients was opened on the first floor of the east wing. Parents and friends working with the Pierce County Chapter of the Washington Spastic Children's Society provided some of the necessary equipment. They were in close cooperation with the occupational therapy department, located on the same floor and opened the year before, sponsored by the Tacoma Junior League.⁷⁹

A diabetic school was planned and opened in 1949. It was to instruct patients and relatives in the planning and serving of diabetic diets. Instruction in giving insulin was also taught. The classes were held on the lower floor of the east wing.⁸⁰

Dr. John J. Bonica was appointed the director of the department of anesthesia in 1947. He was the first anesthesiologist to practice in Tacoma and one of the first in the Northwest. Until separation from the armed services in 1946 he had been chief of the section of anesthesia at Madigan General Hospital⁸¹ and director of the school of anesthesia for medical officers and nurses. He reopened the school of anesthesia at Tacoma General.

Just two years later Dr. Bonica attended the International Congress of Anesthesia. He presented a paper on Regional Anesthesia with Procaine. A signal honor was bestowed on him with his election as a fellow of the International College of Anesthesiologists. Only three doctors from the United States were so honored.⁸²

Eudora Fulkerson took over as dietitian in 1947. She abolished the cold-plate Sunday night dinners which had roiled many a patient's stomach. Private duty nurses no longer cooked in the floor kitchens; their patients now ate the

same good food served to everyone else in the hospital. And it took Mrs. Fulkerson a few years for complete accomplishment but she did finally achieve a democratic atmosphere of friendliness during the bread breaking hours. There were no more employees' separate eating spots; everyone went through the line and carried his own tray, and there was no distinction made as to where people sat or whether or not they had a linen tablecloth. They sat where they pleased and ate with whom they pleased.⁸³

October of 1947 was the largest month for births at Tacoma General before that date or since, to 1973, with 297 babies. The obstetrical department had a record worthy of note. With 2,697 maternity cases, only one mother died. The national average of maternal deaths was approximately one fourth of one percent. Tacoma General's average was but one sixth of the national average. There were but seventeen infant deaths per 1,000 live births, and the national standards were twenty deaths per 1,000 births.

There were 15,021 patients admitted in 1947; 11,204 inpatients, and 3,997 outpatients. Pharmacy sales soared to \$82,812.49, as compared with \$53,438.98 the year before.⁸⁴

Almost eighteen million Americans were admitted into the 6,173 hospitals of the United States in 1947, according to the 1948 American Hospital Directory compiled and published by the American Hospital Association.

Ten years before, in 1937, 9,221,517 patients were admitted to hospitals. During this ten-year span hospital admissions had increased almost one hundred percent.

Tacoma General Hospital became a member of the Blue Cross Plan, November 1, 1948, the plan having been established in Washington in 1943.

Dorothy Glynn resigned in 1948, and Borghild Robertson was appointed director of nurses. A Tacoma General graduate, Miss Robertson had attended the University of Washington, served in the Army Nurse Corps, and had been director of nursing service at the Aberdeen General Hospital.

This marked the end of an era for the school of nursing. The director of nursing service of the hospital was no longer in charge of the school of nursing and the student nurses. Helen Mar Jewett, director of the school of nursing, now took full responsibility.

From the statement of Esther Brewsaugh for her baby born in 1948: She was admitted August 2, delivered August 4, and went home on August 9, occupying a four-bed ward. Her total bill was \$116.75.

Room service	\$ 9.50
Baby care	2.50
Delivery room	15.00
Anesthetic	12.50
Medicine	1.80
Supplies	2.45
Baby beads	1.00

The average stay of adult patients in the hospital in 1949 was 6.7 days, as compared with 7.4 days in 1948, and 8.1 days in 1947. The stay of infants in 1949 was 6.6 days while, in 1948, it was 6.8 and, in 1947, 7.3. It is

worthy of note that this rapid turnover of patients, resulting in a higher utilization of hospital beds, was the only way the hospitals of the country had been able to meet the demand for hospital beds through prepayment plans and other causes.⁸⁵

Thought was being given to the problem of how to expand the walls of the hospital to keep up with the expansion of its patient care.

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CHAPTER EIGHT

THE blizzard of January 13, 1950, was the severest storm in memory. Streets were chockablock with stranded automobiles covered with snow. Property damage was extensive. Fifty boats at the Narrows Marina were destroyed. The total loss was estimated at \$10 million.¹

Tacoma General was filled beyond capacity. One of the unusual happenings on the afternoon of Friday, the 13th, was the curb service offered by Mr. Heath and Mr. Rasmussen. They assumed the responsibility of wheeling blanket-clad patients from the hospital doors to waiting taxis on K Street, at that time fifty or sixty feet out.²

The population of Tacoma had grown from 110,300 in 1940 to 143,800 in 1950, while Pierce County jumped from 182,081 to 275,876.³ The population explosion strained hospital facilities and pushed bedridden patients into the halls. Thought was given to every available space that might be used. The old diet kitchen on the north end of first floor had long been used for a ward conference room by the supervisor of the medical floor. It was now made into a two-bed ward. Since the nursing office now occupied the former 111, this newly opened ward took that number.⁴

Hospitals in the Pierce County district had not raised their rates since 1948. By the end of 1950, institutions all over the state raised rates ten to twenty percent. Tacoma General's increase was \$2 to about \$22 per day. The general duty nurse now started at \$200 per month.⁵

Salaries and wages, including amounts withheld on payroll for taxes and Blue Cross dues and hospital tax under the Federal Insurance Contributions Act, were \$1,063,102.24. Social Security coverage extended to include all hospital personnel, January 1, 1951.⁶

The cost of supplies had risen drastically over the past three years. For example:

Coffee	16%
Eggs	33%
Canned fruits and vegetables	28%
Fish products	27%
Meats, fats, and oils	25%
Bar soap	33%
Soap chips	80%
Sutures	13%
Syringes and thermometers	20%

Television was just beginning to enter the wage earners' homes. The above figures give one the idea that TV soap operas were much more expensive to produce than the radio variety.⁷

While hospital costs did increase sharply, the shortened stay and overall time lost from jobs required that the average patient pay little more than he did in 1940. Prepaid insurance plans, miracle drugs such as sulfas and penicillin, and new methods and procedures in surgery and medical care made this possible. The science of medicine had progressed so far in the past hundred years that even a decade's progress caused one to look back in wonder. Doctors, nurses, and hospitals all struggled to keep up with the advances.⁸

Dr. Charles Larson was a very busy man. Besides the morning pathological conferences, he successfully managed three important group meetings. He was to be congratulated for organizing the North Pacific Society of Neurology and Psychiatry, the Washington State Society of Pathologists, and the Northwest Society of Pathologists. As a gesture of appreciation he was elected president of all three organizations for the coming year and had also been called to Washington, D. C., by the United States Army for an extensive course in Atomic Energy. This was because he was a colonel in the Active Army Reserve Program, and the Army felt that officers in command of general hospitals should have that type of knowledge.⁹

An in-service educational program for professional staff nurses was initiated in the spring of 1951. The aim of the program was to stimulate professional nurses to take advantage of opportunities for personal and professional growth and to develop and maintain interest in improving the quality of nursing care rendered to the whole patient.¹⁰

Also during the year a favorably received orientation program was begun for all professional personnel. This included a tour of the hospital showing location of departments, lectures on personnel and hospital policies, fire and safety rules, and introductions to department heads.¹¹

The American Hospital Association, realizing the seriousness of increased costs, sponsored the setting up of a Commission on Financing Hospital Care. A large group of citizens representing many fields and professions would conduct a study of the financing of hospital care. The objectives were:

1. Evaluation of the current financial position of hospitals.
2. Determination of the need and demand for hospital services.
3. Analysis of the effect of medical practice on hospital costs.
4. Establishment of means for obtaining needed high quality hospital services at the lowest possible costs.
5. Evaluation of systems of payment for hospital care.
6. Investigation of methods for facilitating the most effective utilization of hospital resources.

It was estimated that it would take two years to make the study, financed by grants from various foundations to the extent of \$500,000. If the system of financing and distributing health care needed modification, the decision would have to be based on facts and no recently collected data was available.

The Commission would determine how "high quality hospital care could be provided at the lowest possible cost" to the public, and, when completed, the information would be available to the public as well as to hospitals.¹²

Tacoma General's patient load remained so high, particularly on the medical floors, that it was decided to suspend the occupational therapy and spastic children's schools on the lower floor of the east wing in order to move the pediatric department to that location. The first floor, which pediatrics vacated, now 3C, would then be free for medical patients.¹³

The lower floor had been completely renovated and the rooms brightly painted with a circus motif wallpaper and juvenile pattern draperies. Even the china was selected in patterns and colors especially appealing to youngsters. A new kitchen, supply room, and medical examination room put all pediatric necessities at hand entirely within the wing. A new elevator was installed in the east wing to make the pediatric department and Ward A (2C) easily accessible to doctors and the public. The children moved into this ward, January 20, 1952.¹⁴

By March of the same year the first floor had been completely redecorated (3C) and was available for fifteen additional medical patients. It represented an extensive departmental rearrangement and purchase of considerable new equipment and furnishings. The wing was broken into private rooms with private baths and two-bed wards.¹⁵

Furnishings, including such items as beds with a folding step at one side, wall-bracketed lighting fixtures, bed tables with folding mirror and drawer space and silently sliding doors on dressers indicated a deeper venture into decorative color than ever before attempted at the hospital. For several years hospitals had experimented with pastel paints instead of the usual dead white. Now the hospital had gone one step further--combining patterned papers on one wall and deeper-toned, painted colors on the others. Matching or blending patterned draperies made in the hospital's own sewing rooms and upholstered chairs added still more color. (This experimental decor proved a bit radical for the tranquility needed by a sick person and was soon toned down.)

There were 441 employees in 1951, and the annual payroll amounted to \$1,100,000. The purchase of supplies rose to about \$300,000. A new flame photometer had cost \$1,300 and the angiogram machine for X-ray, \$3,200.¹⁶

The nursing service department averaged 202 paid employees on the staff; 109 were registered professional nurses; twenty-eight, licensed practical nurses; forty-five, nurses' aides; and thirteen were student practical nurses. The school of nursing had approximately 120 students. TG's bed capacity was 225.¹⁷

The carpenter, Mr. Truedson, moved the entrance door of the laboratory ten feet further into the hallway, gulping another bite of the north wing of the basement. He remarked that he had first built it in May, 1938; moved it fifteen feet in June, 1946; and now, in 1952, it was on the move again. But the laboratory work volume was ever growing. They now did approximately 125 different types of tests, and, during 1951, there were over 88,000 tests made.¹⁸

This same year the physical therapy department administered 7,623 treatments.¹⁹

Every effort was made to modernize in policy and thinking as well as decor. One surgeon had a husband and wife both scheduled for surgery on the same day. They requested that they be put together in a two-bed ward. Why not? So Borghild Robertson, director of nurses, made the arrangements. Unfortunately, the only room available was across from the elevators on the second floor where the greatest traffic occurred. The man and wife loved being together and, as far as they were concerned, the experiment was a huge success. Alas, the unusual arrangement so upset visitors and staff members that requests from other husband-and-wife teams were denied.²⁰

On January 1, 1952, Dr. John Bonica entered private practice but continued to supervise the department of anesthesiology.²¹

Mr. Alexander L. Babbit, assistant manager of the Bank of California, was elected president of the board of trustees of Tacoma General Hospital. He had been a member of the board for sixteen years, had served on many important committees, and was chairman of the executive committee.²²

Other new officers were Roe E. Shaub, vice-president; E. A. White, secretary; Mrs. Nina Mae Garner, assistant secretary; Walter A. Heath, treasurer; and C. N. Rasmussen, assistant treasurer.

Dr. Ralph H. Huff, R. A. Mueller, Gerrit Vander Ende, and Harold L. Baird were the new members of the board. Other members, which included all of the officers, were Frank S. Baker; A. E. Blair; Corydon Wagner; M. Stanley Erdahl; James W. Petersen; Harold S. Woodworth; J. L. Long, Jr.; T. R. Faragher; George S. Long, Jr.; C. M. Langhorne; and Dr. R. Franklin Thompson.

In October of 1952, Mr. William John Dobyns was appointed assistant director of Tacoma General. He had attended Purdue University and taught school for a time in Indianapolis. During World War II he was a major in the Army Signal Corps. Before the war he was associated with American Telephone and Telegraph Company. Since his release he had been business manager of Doctors Hospital.²³

The Cancer Diagnostic Clinic of the hospital was placed on the "approved" list of the American College of Surgeons. Madigan Army Hospital and Tacoma General were the only two hospitals in Washington which had this approval at that time.²⁴

Dr. Larson was elected to the nine-man board of governors of the American Board of Pathology. He was also named president of Footprinters, Boysville. Sponsored by law enforcement officers and national in scope, the project offered a new approach to the rehabilitation of predelinquent boys.²⁵

Perhaps the greatest boon to diabetics since insulin was the introduction of the exchange diet which was sponsored by the American Diabetic Association. Diabetic patients are prescribed definite weight amounts of carbohydrates, proteins, and fats. Each food item was listed in a book giving amounts of the three constituents it contained per gram. Every meal of every day had to be figured out as to context, amount served, and weighed separately. It was a real chore for the patient or the person serving his meals.²⁶

Now with the exchange diet list, foods were classed together. All lean meats were on the same list. Bread, rice, noodles, ice cream, cream soups, etc., were all together; butter, oils, mayonnaise--all classed the same. The patient had many choices once he had figured the basic amounts; so instead of figuring each meal, he could figure a basic diet which would last a week or indefinitely. Each meal would have a bread exchange, a meat exchange, fruit or vegetable exchange, fat, etc. For breakfast he could choose egg or ham, cooked or dry cereal, fruit, or juice. Lunch could be the meat of his choice, bread or soup, bread with butter, or perhaps he'd decide to have mayonnaise on the salad instead. A practiced diabetic could not go through a cafeteria line and hurriedly choose his meal. The new exchange diet proved an economy of time besides allowing more varied meals and social freedom.

Hospitals now constituted the fifth largest industry in the United States. Annual expenditures totaled 3.75 billion dollars of which 2.25 billion was for payroll and the remainder, for supplies and equipment. This was an increase in expenditures of 2.75 billion in fifteen years. Locally, the combined hospital payroll was 13.5 million dollars annually with supplies and equipment amounting to a million dollars more. Four thousand five hundred people, ninety percent of whom were women, were employed in local hospitals.²⁷ The general duty nurse was now receiving \$235 per month.

The first full-time office of the Washington State Hospital Association was established with John Bigelow as executive secretary. The monthly publication of "Washington Hospitals" was begun.²⁸

The hospital standardization program was assumed by the new Joint Commission on Accreditation of Hospitals.²⁹

The Public Health Service started a program in 1952 in which Tacoma General participated. It was a far-reaching plan by which girls from all over the Alaska Territory took a course in practical nursing at Mt. Edgecumbe Hospital, situated on an island just across the channel from Sitka, Alaska. The idea behind the plan was that the girls would return to their native villages after finishing the course and spread better health practices among the natives.³⁰

Because so few babies were born in hospitals in Alaska, the girls were sent down to Tacoma General for obstetrical experience under the supervision of an instructor of the Alaskan Native Service. Local food was distressingly exotic to the students while they matter-of-factly offered recipes for preparing ptarmigans' intestines and seal heads. They adored fresh fruit and spent most of their allowances on bagfuls of grapes and other newly discovered treats. They were fascinated by trains, too, although familiar with airplanes.

The program was a success but was discontinued in 1961. The students are now sent to a community college in Anchorage and get their experience in nearby hospitals.

The year 1952 marked the end of twelve years of service for Walter Heath as director of Tacoma General. He was succeeded by Mr. William John Dobyns.³¹

One of the last things Mr. Heath did for the hospital has since proved a time- and trouble-saver for all departments and personnel. This was the

installation of the Addressograph system. The patient's name, address, doctor, room number, and other pertinent information were stamped on a plate shortly after admission and sent to the floor where he was assigned. A machine was placed at each chart desk and, with the plate inserted, stamped all requisitions, and saved many minutes of the time required to place this information in each of the chart forms. Tacoma General was one of the first--if not the first--to use this system.

Dr. Bonica's knowledge of anesthesiology was increasingly recognized nationally. In January of 1953 he conducted two courses in anesthesiology at the annual meeting of the American Society of Anesthesiologists. In Connecticut he addressed the local societies of anesthesiologists in both Hartford and New Haven. He participated in a symposium on Pain at the Massachusetts General Hospital.³²

In July he attended the annual convention of the American Medical Association where he had an exhibit and presented a paper on the "Management of Cancer Pain" before the section on general practice.³³

In October his book, "The Management of Pain," was published by Lea and Febiger of Philadelphia and created a sensation among anesthesiologists. It was a 1,500-page volume dealing with every phase of pain in the human body and was more than three years in the writing.³⁴

A child born now could expect to live 68.4 years. This represented a gain of twenty-one years since 1900, and major reasons for this was the introduction of antibiotics. During the previous year, \$300,000,000 had been spent on penicillin and streptomycin alone. Yet, the public's drug bill was being reduced. Little more than ten years ago penicillin cost nearly eighty times the price in 1952. In addition, improved forms of the drug were ten times as potent and lasted six times as long as the old product.³⁶

The heavy patient load was a tremendous strain on switchboard equipment and personnel, so, in 1953, a dual board was installed and two girls now handled the calls. This gave more trunk lines for incoming calls and more extensions on which to receive or place calls.³⁷

Nurses were still scarce. The general duty nurse was now receiving \$245 per month. This was \$120 more than she received ten years before, and she had gained the privilege of working a straight eight-hour shift as well as a five-day week. The licensed practical nurses had taken a great load from her and the nurses' aides were saving many steps. But the R.N. was assuming more and more responsibility, guiding the working of the auxiliary personnel and adding technical skills such as starting transfusions as well as intravenous medications to her own duties.

In 1953, 55,855 prescriptions were filled by the pharmacy, and central supply estimated that they cleaned and sterilized 2,350 syringes each week.³⁸

The surgeries were repainted in pastel colors in a variety of shades. Surgeons expected to be directed to the "Wild Rose Room" instead of Surgery One.³⁹

From the statement of Gayle Brewsaugh, a tonsillectomy patient in 1953, who was cared for in pediatrics:

Room service	\$ 7.50
Laboratory	4.00
Operating room	15.00
Supplies	5.00
Pharmacy	4.50
Anesthetic	15.00
	<u>\$51.00</u>

Four-bed wards were now \$13.50 per day; two-bed, \$14.50; and private rooms ranged from \$16 to \$22.50.

And John Dobyms decided that almost forty years was long enough to ask any furniture to serve. The black leather upholstered oak pieces in the doctors' room on the main floor were finally replaced with gaily colored plastic and chrome. The gesture was appreciated, but it is hard to part with old memories. Shortly after, the following poem written by Dr. Jerry Kohl appeared on the bulletin board:

THE OLD OAK TABLE

The old oak table's gone
The leather chairs beyond repair
The laughter, bull, and repartee
The lumpy, dumpy, old settee.

Recall those old boys of the past
Hunter, Willard, Quevli, Rich
Many others you can say
Giants all of their day.

Whitacre, Argue, Janes, and Hicks
Doctors first, great men, human
Pioneering, rugged, able,
With their feet upon the table.

Profound, ruffian, boisterous, holy
It was better than a show
Listening to their varied chatter
Who won the round of no matter.

If the argument was heavy
Or the story worth the telling
You could hear their voices roar
Halfway to the upper floor.
(Cummings then would shut the door.)

Unfamiliar with the feel
Of this plastic, chrome, and steel

Their poor ghosts have left this room
To gather in some other gloom.

Nor we who knew them best
Can sit here now and rest
Nor will we find this home
When our lonely spirits roam.

An era's gone, a generation
Horace, Harry, Charlie, Chris
Their laughter, bull, and repartee
The lumpy, dumpy, old settee.

In April of 1954 the board of trustees announced the appointment of Mr. Walter L. Huber to the newly created position of business manager of the hospital. This position combined the functions of accounting, credit and office management. In addition, Mr. Huber was also elected assistant treasurer of the board.

Following graduation from the University of Washington, Mr. Huber obtained broad experience in the business world. He came to Tacoma General Hospital as accountant in 1950 and was made controller, January 1, 1953.⁴⁰

The laboratories, both clinical and pathological, now had twenty-two employees, including eight students in the school of technology which it conducted. The school was supervised by two full-time pathologists. It performed 82,871 diagnostic tests last year and 343 autopsies. In addition, 6,348 surgical tissues were examined.⁴¹

Two sets of triplets were born within six months of one another.⁴² The remodeling and redecorating of the premature nursery was completed just in time for them. The room was now much larger with facilities for ten babies. An Isolette incubator was added to the room's equipment, which already included piped oxygen.⁴³

A tragedy befell Tacoma General Hospital the last day of January, 1955. Just one week before, apparently a healthy man, John Dobyns had gone to the laboratory for a routine blood count. Leukemia was discovered. Just forty-three, and administrator of the hospital for only two years, he died within a few days. Everyone had come to admire and respect him so quickly that he was mourned throughout the building.

The board was quick to fill the loss. Alexander Babbit, president, resigned his position to assume the duties of hospital administrator. Mr. Babbit had been president for three years and a member of the board for sixteen years. His kindness and understanding, as well as knowledge of the hospital, quickly restored the faith of the personnel.

Mr. Walter Huber, who had been with the hospital for five years, was named assistant administrator.

Mr. Babbit was formerly vice-president of the Bank of California and had been with the bank for forty-three years, having retired in May of 1954. He had also served five terms as president of the Tacoma Clearing House

Association.⁴⁴ The following May, George S. Long, Jr., was elected president of the board. Secretary of the Weyerhaeuser Company, he had started with that company as a packer for a cruising party and joined the Tacoma office staff in 1919 after duty in France. Harold L. Baird was the new vice-president of the board.⁴⁵

During the next few months several departments received new equipment and underwent remodeling. X-ray received about \$15,000 worth of the newest and most modern equipment. Surgery installed a new, major operating table, urological X-ray table, and surgical lights, both overhead and portable.

Ward B (1C), the former pediatrics floor, was completely redecorated, new furniture was purchased, and the space given over to the care of geriatrics patients since Mary Bridge Children's Hospital had opened this year. All patients and staff moved over.⁴⁶

Gayle Brewsaugh's mother was admitted in 1955 for her third baby. She was in a four-bed ward, admitted to the lying-in department on the 24th of October, delivered on the 25th, and went home on the 31st. Her hospital bill:

One day in lying-in	\$11.50
Room service	13.50
Baby care	3.50
Supplies	11.60
Delivery room	30.00
Pharmacy	7.10
Baby beads	1.00
Baby picture	2.00

The total statement amounted to \$182.20. Her anesthetic was billed separately. She just made it under the wire. Next month, four-bed rooms went up to \$16.25. Private rooms were \$19.⁴⁷

Kenneth Ollar, photographer, enclosed a notation with the baby picture:

Here is your baby at about three days of age. If you desire to keep the picture, a charge of \$2.00 will be made, payable at the time of leaving. If not, the picture must be left at the main office.

Additional prints this same size may be ordered at any time for \$1.00 each, or one-half dozen for \$5.00. Birth announcements with this same picture are also available at \$3.00 per dozen including envelopes.⁴⁸

The switchboard girls doubled as information clerks, and, with the number of calls coming in, it could be easily imagined how busy they were. Thus, an island booth was built just to one side of the busy entrance way to house an information girl.⁴⁹

In November of 1955 nurses were listed nationally as the lowest-paid professional workers. The general duty salary now went to \$270 per month.⁵⁰

Frank S. Baker resigned from the board and his son, Elbert H. Baker, II, was unanimously elected to take his place. The publisher of the Tacoma News Tribune had served on the hospital board since 1923 and had seen the institution

develop from one that served an average of eighty-seven to 213 patients a day.⁵¹

The old auxiliary battery kept in the delivery room area for use in emergencies was finally replaced. It was a black box about two feet long and eighteen inches high and wide that was wheeled on a dolly to whichever room it was needed. Now a diesel electric generating plant was installed which took over in case of power shortages or failures.⁵²

And on December 12, 1955, like a Christmas gift, sixty-one voluntary, nonprofit hospitals in Washington received telegrams from the Ford Foundation announcing outright grants totaling \$2,841,100 to help them extend and improve the services they were providing their communities.⁵³

In May of 1956, Dr. John Bonica was chosen the second person from the Northwest in nine years to be visiting lecturer-professor at the annual post-graduate course in anesthesiology offered by the University of Kansas Medical School. It was a distinct honor. He was one of the six top experts in the field from all parts of the nation.⁵⁴

In June of the same year he was appointed as consultant to the department of anesthesiology of the University of Washington School of Medicine. He had been clinical associate to the department of anatomy at the University for the previous six years.⁵⁵

It was also this year that Tacoma General Hospital was cited for outstanding cooperation with the reserve program of the armed forces. It was the first medical facility in the United States to receive such an honor. The hospital sponsored the 359th General Hospital Reserve Unit and had provided a separate building of eight rooms. In addition, it made available all facilities of the hospital such as auditorium, motion picture equipment, training aids, bulletin boards, and supplies of various kinds. Liberal policies on military leaves, hiring, and promotion had encouraged employees to participate actively in their sponsored reserve unit and other reserve affairs. Dr. Larson, a colonel in the Army Medical Corps Reserve, was the commanding officer.⁵⁶

Added to the long list of distinctions enjoyed by Dr. Larson was the honor of election to the presidency of the College of American Pathologists.⁵⁷

There were still not enough nurses to take care of the rising need in the hospitals. The Tacoma General Alumnae Association this year sponsored a refresher course for earlier graduates who wanted to help but felt they needed to brush up on new techniques and medications. This course lasted several weeks, giving actual experience on the various floors of the hospital. Many of the women later took full-time employment and stayed for several years. The general duty salary was now \$285 per month.⁵⁸

Heavy doors which, when closed, completely shut off each wing from another were installed in the corridors as another step in the program to meet all the requirements of the state fire marshal for safety.⁵⁹

The year 1957 was the busiest year yet in the hospital's history. One month's cost:⁶⁰

Total cost to operate	\$195,000.00
Payroll	110,000.00
Electricity	830.00

Fuel (oil)	\$3,500.00
Water	350.00
Telephone	1,635.00

The inventory ran from paper clips which cost .0007¢ each to an X-ray machine which cost \$17,000.

The dietary department served over 1,000 meals per day. The laboratory reported that October was the biggest month in their history. One thousand one hundred twenty-three complete blood counts and 201 prenatals were performed. X-ray reported 689 examinations done in November, 158 of which were outpatients.

Some of the figures for the total year of 1957 were:⁶¹

Babies born	3,143
Twins	25
Triplets	1
Expended on supplies	\$407,000.00
Meat, fish, and poultry	65,277 pounds
(an increase of $2\frac{1}{2}$ tons over 1956)	
New equipment and maintenance	\$70,000.00
Payroll, to nearly 500 employees	\$1,572,000.00

A far remove from the days of Dr. Miles' and Dr. McCutcheon's reports. And both of these good doctors of long ago would never have been able to stand the shock of receiving a special gift of \$15,000 to allay the above costs. It was the second consecutive gift of a like amount from the same family who wished to remain anonymous.⁶²

A further look at more statistics for 1957, comparing them with 1956:⁶³

	1957	1956
Patients admitted, both inpatients and outpatients	33,196	21,739
Patient care days	66,095	58,939
Babies, not counting stillbirths	3,104	2,465
Surgeries	3,612	3,335
Average daily census	175	165
Capacity	81.6%	76.9%
Meals served by dietary department	451,089	378,358

The pharmacy filled 68,025 prescriptions. Physical therapy gave 6,325 treatments. The department of anesthesiology administered 3,466 anesthetics to surgical patients; 3,138, to obstetrical patients, and nerve block care for 352 patients. The laundry did 1,568,319 pounds of laundry.

Helen Myers, medical records librarian, resigned after nineteen years. Viola Frost, registered records librarian, came for two days a week in an advisory capacity until Leona Dreps filled the full-time position.

The offices of the accounting and payroll departments were moved into the remodeled annex. More room was required--immediately.⁶⁴

The second installment of the Ford Foundation grant brought the total to

\$120,200 for Tacoma General--the largest grant of the four Tacoma area hospitals.⁶⁵ Various plans for expanding the building capacity had been considered for some time. The original brick building of 1915 had left space on the block, both front and back. The logical place for offices seemed to be toward K Street. The laboratories, X-ray, and physiotherapy departments had all shown such prodigious growth that ample room must be planned for expansion. The dormitory was no longer needed. Then, as plans were reaching the drawing board stage, illness of the architect delayed them for a considerable time.

The Health Information Foundation reported, in 1957, that the number of general hospital beds in the United States increased by 200 percent from 1909 to 1955. And still more were needed.⁶⁶

Since its inception in 1895, Tacoma General's School of Nursing had graduated 1,274 nurses, and 114 students were currently enrolled. The general duty salary was raised to \$300 per month.⁶⁷

Mr. Corydon Wagner accepted the presidency of the board of trustees in 1957, and Mr. James W. Petersen was elected secretary. Vice-president was Mr. Harold L. Baird and treasurer, Mr. Alexander L. Babbit. Wagner was vice-president of the St. Paul and Tacoma Lumber Company and a director of the Chamber of Commerce of the United States.⁶⁸

Dr. Larson was elected president of the International Congress of Forensic Pathology. In the fall of 1957 he published his book, "General Book of Forensic Pathology." He honored Tacoma by being chosen by the College of American Pathologists as president-elect and president for 1958 and 1959. He was the second president to come from west of the Mississippi. He attended the International Congress of Forensic Pathology in Brussels that year.⁶⁹

It was announced in November that Tacoma General was one of the six Washington hospitals recognized by the department of professional services and accreditation of the American College of Surgeons as conducting an approved cancer program. Approval is granted after an annual inspection, and the program has to have literally hundreds of items taken care of in a proper manner. These include such things as an accurate follow-up on every patient who is in accession to the program, an individual file kept on each patient with follow-up on a yearly basis, an active group of physicians in many specialties who meet regularly and consider the diagnosis and therapy of cancer patients coming to the center, and many more items of pertinent recordings.⁷⁰

During the month of October, 1957, thirty-six new beds, bedside stands, overbed tables, and chairs were installed on the surgical wards. These new beds cost \$250 each; the siderails, \$60 a set; and the overbed tables cost \$65 each. The beds which were removed from the surgical wards were put into use on the obstetrical wards and the old lift beds were moved into storage. This was the dry-eyed adieu to the back-breakers.⁷¹

All head nurses and supervisors have tremendous responsibility, but perhaps the most grueling job of all is that of the nurse in charge of central supply. Since 1938 new equipment and methods were inaugurated so fast that it was almost impossible to keep up with them, let alone teach the

personnel of the department the care and handling required.

After Anne Hansen and Lorraine Phelps came Levina Johnson, Susan Felchlin, Eileen Thaden, Ruth Barker, and Mary Walsh, who arrived in 1954. They all had their problems. Equipment seemed to actually grow legs and walk off. The legs, however, usually grew on a human. Dear Dr. Quevli, Jr., was always walking off with stethoscopes. He just forgot to remove them from his neck. Whenever the head nurse ran short she'd just go down to his office and pick them off whatever clothes tree they were growing on. It was like keeping a perpetual inventory in a huge store-- only worse, because the equipment had to be properly cared for to use on patients.

In 1957 the disposable hypodermic syringes were introduced. Produced and sold for only a few cents, they effectively replaced the reusable glass syringes which were expensive and sometimes difficult to clean before sterilizing for reuse. And the breakage was terrific. The disposable, one-time-use was an effective barrier to cross-infection of patients. From this period on all the disposables began to make their appearance, requiring more storage space but saving considerable time and work.

This year Dr. Bonica was elected vice-president of the American Anesthesiologists. He was also appointed senior examiner for the American Board of Anesthesiology. The latter part of the year he was elected to the American Academy of Anesthesiologists, the third of Northwest anesthesiologists to be elected to this organization which totaled just eight members in the entire United States.⁷²

On February 4, 1957, Pope Pius XII delivered one of the most important and significant discourses which had ever been made by a world religious leader concerning the practice of medicine. The discourse was occasioned by the opening of an international symposium on Anesthesia and the Human Being.

The Pope's appeal resulted in extensive coverage by world news media. The department of anesthesiology of the Tacoma General Hospital received widespread recognition in being singularly mentioned by name as an outstanding center for the relief of pain, not only in patients undergoing operations and childbirth but also those who had painful medical disorders.

Dr. Bonica and many other physicians who are particularly interested in the management of pain believe that this belated approbation of the relief of pain by the Pope was one of the most significant recent developments of medicine. It would do much for the acceptance of anesthesia and analgesia during childbirth by many women who formerly thought avoidance of suffering during this process was against the teachings of the Church. Moreover, it would be of inestimable value to many patients and their families in accepting the use of narcotic drugs and other means of relieving intractable pain.⁷³

The plans for building expansion were in progress in 1958, but it was not possible to wait for the completion with the increased volume of business in every department. The annex was being filled with offices to make more room in the main building. Central supply moved to occupy the entire top floor. A new autoclave which cost \$8,500 was installed. It was rectangular, 24" x 48", had thermostatic controls, and a basket cart and transfer carriage

which could be loaded outside of the autoclave to prevent burned arms and hands and greatly speed up the loading process.

A new classroom was created on the second floor of the annex. The large room was built, decorated, and maintained by the hospital. The equipment was supplied by the Tacoma Vocational School, which used the room for practical nursing classes for students who were at Tacoma General for clinical training. The hospital could also use the room in its staff education program.

There were now 236 people working in nursing service--120 professional nurses, sixty-five graduate LPN's, forty nurse aides, and five orderlies besides professional student nurses and student practicals.⁷⁴

The first real change to the outside of the hospital since 1926 was an addition to the fourth floor (now sixth) which extended south over the roof. The added space was used as temporary offices for the department of anesthesiology and for workrooms for both surgery and anesthesia. Surgery desperately needed more space. Equipment was being stored in hallways and it was almost impossible to get patients in and out. The extra room eased the overcrowding, but the lack of proper insulation on the wooden roof created a bake oven in the summer.⁷⁵

The space which central supply had occupied on second floor (now fourth) was converted into rooms 219 and 220, which added five beds to the surgical floor.⁷⁶

From the board on down, 1958 was a year of staff realignment. The number of trustees increased to twenty-one, the new members being Dr. Stanley W. Tuell, L. Evert Landon, and L. T. Murray, Jr.

Mrs. Borghild Robertson Morley resigned as director of nurses after ten years with the hospital. Mrs. Betty Hoffman, who was assistant director, now became director. She was a graduate of Tacoma General Hospital and had attended the University of Washington.⁷⁷

A badly needed personnel department was created that year. The new section relieved department heads of the onerous tasks of interviewing and keeping records of employees, such as proficiency ratings, salaries, holidays, sick time, vacation, and leaves. Reports and statistics also had to be sent to the state and hospital associations, and now the hospital would have a complete, centralized record file for quick reference.⁷⁸

Leona Dreps resigned, and Miss Sally Mount became the new medical records librarian. The record room was completely redecorated but, true to its vagabond past, it would move again within two years.⁷⁹

One of the most beloved figures about the hospital died that year. Harry Downton, the head gardener, had been with the staff for thirteen years, working early in the morning until sometimes late at night. He kept the many beautiful blooms in rotation from early spring until late fall, giving everyone a cheery greeting as they passed and many a transplantable slip to put into their own gardens. As he left work that fall night he remarked to a co-worker that he was a lucky man with neither an ache nor a pain. Before reaching home he became ill and succumbed to a heart attack that night.⁸⁰

The cost of living rose 105 percent from 1938 to 1958. Baby shoes went

up 171 percent; rent, sixty percent; and food soared to 151 percent!⁸¹

Dr. Bonica spent most of 1958 traveling over the United States and the world, lecturing and teaching.⁸²

Dr. Charles Larson attended a meeting of all the pathological societies of the world whose specific purpose would be the carrying out of research projects assigned by the World Health Organization.⁸³

Full accreditation was given the school of nursing by the National League for Nursing in 1958.⁸⁴

It was announced in the latter part of the year that extensive remodeling would take place with an expenditure of more than \$2,000,000. There were to be eight completely new surgeries and recovery rooms plus extra personnel and equipment.

A new emergency suite was planned and a greatly expanded radiological department. The dining room was to be enlarged and a new doctors' room, larger and more adequate pharmacy, physiotherapy department, pathological and clinical laboratories, and new obstetrical facilities would take the place of the vacated surgeries. A second new wing providing 104 beds would be added and spacious new offices built out under the planned surgery suite.

Architects were Lea, Pearson & Richards. The structural engineer was George Runciman with David Hopkins as mechanical engineer and Walter Gordon as electrical engineer.⁸⁵

The needs of the hospital far outstripped the projections of 1912 when the plans were drawn. The alcoves so thoughtfully left open for expansion to new wings were not required as beds were not the greatest need. Who could have thought in 1912, just seventeen years after the discovery of X ray, that the space now needed for that department alone would take a whole floor of a wing? Or that the laboratory, originally allotted today's space for an apartment kitchen, would increase its ancillary services to need an eighth of a city block?

Experience was a poor teacher in 1926 because the depression descended like an iron clamp. The reverse process took place after the 1958 plans were drawn. The new room was soon to prove inadequate.

Though the planned obstetrical department never came to pass, most of the other departments were built, but, in just ten years, more plans were in the making. This time the original block donated by the Tacoma Land Company was insufficient, and property surrounding this block was purchased bit by bit until a comfortable margin for growth surrounded the existing complex. Now all that was needed was money.

In April of this year the board of trustees elected four new members, bringing the total membership to twenty-five. Corydon Wagner was president. The new members were W. Hilding Lindberg, Reno Odlin, Carl L. Phillips, and Henry O. Wheeler.⁸⁶

Reno Odlin was appointed to head the fund raising drive and did a magnificent job of organizing. Pledges for the drive began to pour in by June of 1959. Six Tacoma banks, through the Tacoma Clearing House Association, joined forces to present a pledge of \$120,000. Banks participating included The Bank of California, N. A.; Central Bank; National Bank of Washington; North Pacific Bank; Puget Sound National Bank; and United Mutual Savings Bank.

A pledge of more than \$125,000 was received from three longtime hospital supporters and their families: Corydon Wagner, president of Tacoma General; Alexander L. Babbit and George S. Long, Jr., former presidents.

The hospital employees' campaign added \$32,000 to the fund. Most of the individual pledges were modest, but, like the first campaign for the Fannie Paddock many years ago, it was gratifying to believe they had donated a brick.

The Weyerhaeuser Company boosted the drive with a gift of \$150,000. The Union Pacific Railway Company presented \$10,000. A substantial share of the doctors' goal was pledged by physician members of each of the three departments of Tacoma General: anesthesiology, radiology, and pathology. Community-spirited people of Tacoma donated larger and smaller amounts adding to several hundred thousand dollars, and Tacoma General trustees and their families pledged more than \$350,000.⁸⁷

In October of 1959, Walter L. Huber was appointed administrator of the hospital. He succeeded Alexander L. Babbit, who resigned to remain with TG as supervisor of the \$2,700,000 construction and remodeling program which was about to start.

The building would now go ahead after receipt of a \$976,215 grant from the national Hill-Burton fund. This was an allocation of Federal funds under the 1946 Hill-Burton Act which is the more commonly known name for the Hospital Survey and Construction Act. In the State of Washington the Hospital and Medical Facilities Program is administered by the Washington State Health Department. The allocation of Federal funds is made by the Health Department in conformity with the evaluation made yearly by each state, inventory of existing hospital and medical facilities, a summary showing existing suitable and replaceable facilities, and priorities set up based on relative need.⁸⁸

The residency program in anesthesiology directed by Dr. Bonica was again approved by the American Board of Anesthesiology and the Council on Medical Education and Hospitals of the American Medical Association. Started in 1949 the program was the oldest in the state and one of five in the Pacific Northwest. More than a third of all anesthesiologists practicing in Washington State in 1959 had received their training at Tacoma General. Others who had trained at the hospital were practicing in many parts of the United States, Canada, and other countries.⁸⁹

Clara O'Farrell, who had been with the hospital as head of the house-keeping department since 1941, left in 1959, succeeded by Oscar Smaalders, the first man to be executive housekeeper at Tacoma General.⁹⁰

The salary for general duty nurses rose to \$320. The minimum hospital rates as of July 1, 1959, were: four-bed wards, \$20.50; two-bed wards, \$22.50; and private rooms, \$23.50.⁹¹

In 1959 there was another grim testament to the professionalism and care practiced by Tacoma General's staff of physicians. The Pierce County Medical Society invited children of doctors to send in letters on why they were glad their fathers were physicians. The two winners of cameras donated by Harold Meyer Drug are quoted verbatim in their awesome sincerity. From Jane Herrmann, age ten:

I'm glad my fathers a doctor because he makes alot of friends he even has some moviestars. He's sent to meatings out of town and brings information.

People say I'm lucky haveing a doctor father. Our neighbors get sick or cut their fingers just have to come to our house, sometimes they even bring their dogs. If I have problems I go to him. He helps me in school alot on every subject, most of all health. He helps to explain those awful pictures in medical books. Father is what I consider a hero because he helps save lives.

And from Jamie May:

I am glad my Daddy is a doctor because if any of my family get sick my Daddy will help them cause he knows what to do. Also my Daddy helps other people get well not only my family.

Doctors are helpers.

Doctors have offices.

Some Doctors go to Houses.⁹²

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CHAPTER NINE

THE building program was of most importance, the plans having been completed and approved. The successful bidder, Macdonald Building Company, immediately began demolition of the dormitory building. Now would start the anvil chorus which would be with everyone in the building for the next two years. It was probably the one thing that would remain in all minds longer than anything else concerned with the remodeling. A huge steel ball was elevated way up on a crane and dropped to break the old cement foundations and walls. When it landed the hospital and everyone in it shuddered. It must have been horrible for the very ill or new surgical patients but very few complained.¹

The year 1960 was the first year of OJT--on-the-job training--programs started for all department heads to better enable them to teach their staffs. It was the start of the safety and fire committee as well as the committee on forms review and infection control.²

The director of nurses stated in her yearly letter to the Tacoma General Alumnae that the hospital had been a very busy place the past year and each day the problems seemed to become more complex. The hospital was overcrowded most of the time and the professional nursing staff was critically shorthanded.

Immediate measures were taken. The nursery school, organized by Donna Price, allowed those nurses with children who still wished to work to leave them in good and entertaining hands during the day shift. It was not long until Patricia Adler was hired to help, and the service proved invaluable to all working mothers. Patricia Adler became Patricia Maxham and has been with the hospital nursery school for many years, thinking up projects such as making relish from scratch or taking the brood to the Puyallup Fair.³

Miss Helen J. Maddex was director of the new volunteer service. There were schoolgirl junior volunteers and women of the community who worked as senior volunteers. Their work included operating a hospitality shop, library cart, gift cart, decorating for holidays, talking with patients, playing cards with them, or writing letters for them. It was not long until chores were found in the various departments in which extra hands were welcome for nonprofessional help. Miss Maddex was also director of public relations and started the Auxiliary.⁴

The employees' health service was established in March of 1960 with Mrs. Evelyn Stein as nurse and Dr. Charles McGill the examining doctor. New employees were screened and illness checked. This has proved to be

a very valuable service to the hospital and hospital employees.⁵

The first annual personnel day was held, with a tea in the dining room for the 604 employees. Awards were presented for length of service.⁶

The credit union was started this year with Percy Knox as president,⁷ and an employees' blood bank was started.⁸

Fire escapes, started late in 1959 to comply with fire regulations, were completed. They were wide enough to afford security if the need arose to use them, and grill fenced for added confidence. They actually added to the beauty of the building.⁹

The completion of the fire escapes also meant the end of the ten-bed wards on either end of the third floor (now fifth). Halls now extended to the outside staircases with a four-bed ward on both sides.

The last of the old frame houses on Fourth and K Streets were torn down and the space added to parking facilities. This was a decided improvement as the vacant buildings had been an eyesore for many years.

The delivery room staff had probably gazed at this vista more than anyone else in the building as they stood, hour after hour, hanging gloves to dry on the rack or everting them to dry the insides. There were hours of washing in soapy water and rinsing in clear water before boiling and this hanging-up process. And then hours of testing and sorting and powdering. Central supply relieved the delivery room nurses of this chore about two years before the advent of the disposable gloves in 1960. There were many disposables now, so beautifully and intricately made that discarding them was difficult. Many were taken home to make into lovely gifts by the ingenious--enema tubing shot with varicolored glitter and wound about coat hanger wires made the hangers nonslip as well as decorative. Catheterization trays designed with pencil paints made handy bedside knicknack holders.

Ground breaking ceremonies took place in the middle of December, 1960, with souvenir programs featuring tiny bags of the hospital soil. More than 1,800 invitations were issued. Harold L. Baird, president of the board, was the principal speaker, giving a comparison of statistics between 1940 and 1959 to show the need for expansion:¹⁰

	<u>1940</u>	<u>1959</u>
Patients admitted	5,813	10,130
Number of patient days	56,140	63,939
Average length of stay (days)	9.8	6.3
Babies born	1,126	2,609
Number of "baby" days	8.6	4.8
Patients treated in emergency room	442	6,678
Number of operations performed	2,147	3,967
Anesthetics administered	3,141	6,992
Laboratory procedures	57,208	180,606
X-ray cases	4,124	9,159
Physical therapy treatments	2,485	7,035

Four-bed wards went to \$22 per day on September 1, 1960, and the

general duty nurse salaries went to \$325 per month.¹¹

It had been increasingly more difficult to get interns the past few years but 1960 was the worst. Just one applied and accepted the position, becoming the last under the TG program.¹²

The number of patients admitted to the emergency room had increased fifteenfold since 1940. This was partly due to the changing use of hospital facilities by practicing physicians. They could not run night and day, and having their patients come into the hospital to be checked by the intern afforded them a few more hours' needed rest. Without interns there was no coverage of the service, so the doctors agreed on the only solution--they took turns on twenty-four-hour shifts.¹³

Dr. Bonica assumed the position of professor and executive officer of the newly formed department of anesthesiology at the University of Washington School of Medicine. Besides the increase in prestige which this new association brought to Tacoma General, there would be an interchange of anesthesia personnel between the school of medicine and the hospital which would enable the hospital's department to give even more complete anesthetic care and would enhance the teaching program. The anesthesia residents would spend several months of their program with the department at TG, thereby giving them the more rounded experience at two hospitals; the anesthesia staff at TG would thereby be increased, allowing more anesthesia personnel on twenty-four-hour coverage for patient induction and observation. One example would be that of caudal anesthesia. Few hospitals offer it around the clock for lack of trained personnel to administer and reinject and then observe. A staff man was always on call with the residents.¹⁴

The new wing was to cover the northeast quarter of the hospital block. The maintenance department had to move its facilities and the laundry to the big, yellow building across Third Street, formerly a garage and purchased by the hospital. Demolition of the boiler room started, and, when that was razed, the crane and steel ball made their way closer and closer to the hospital. The old driveway, the raised cement walkway, the old vegetable cleaning room and garbage rooms--all the cement and steel had to be torn out. The deafening impact of each bite reverberated through the building.

The laundry equipment was installed in the basement of the old garage and operation went on efficiently under the management of Mrs. Margaret Robertson. All laundry personnel accepted the temporary inconvenience. The door was on the side hill because of the building's split-level position. The hospital purchased a surplus tractor and converted it into a truck to haul linen back and forth. Ralph Hart, the driver, painted it green and drove it in and out of the hospital so many times a day that it was nicknamed "the green hornet."

As construction progressed, hallways of the new structure intruded into the old. Because of the hazards of the construction program, the safety committee, comprised of a member of each department, was particularly active with emphasis upon fire prevention. Housekeeping problems were greatly increased, as it was almost impossible to control the amount of dirt and sand which was tracked into the hospital.

This year, for the first time in many, there was no shortage of professional nurses. There were more practical nurses available to fill the nursing staff, and the nursery school had freed more mothers to work. The salaries were slowly rising for all hospital personnel, and the cost of living lured more nurses out of their homes. The general duty nurse now started at \$355.¹⁵

The total number of nursing service personnel was 254--122 graduates and 132 nonprofessional employees. The total average of employees for the hospital was 585. The payroll for the year 1961 was \$2,024,761 for the entire staff of the hospital. As of October the minimum rates were \$24 for four-bed wards, \$26 for two-bed wards, and \$27.50 for private rooms.¹⁶

Mr. Baird was reelected president of the board and a new member, Dr. G. H. Brokaw, was chosen.¹⁷

At 11:10 on the night of November 21 an office girl leaving the building after her evening shift noticed smoke coming from around the door of the building where the laundry was temporarily housed. She ran back to report it, and, in just the few minutes it took the firemen to arrive, the basement was filled with flames. Fortunately, Third Street separated the fire from the hospital building, and the firemen controlled it on the north side of the street. It was the worst fire in the hospital's history. Damage, exclusive of smoke and water, amounted to about \$75,000.

Thought to have started in a laundry appliance or in a pile of blankets left on an adjacent sorting table, it had smoldered for over an hour before discovery. The laundry was completely gutted, the washers were ruined, and the complicated rollers of the mangle destroyed. Again, the nineteen laundry employees rose to the occasion. Arrangements were made immediately to use commercial facilities utilizing hospital laundry employees to carry the extra load. They worked without complaint around the clock to get the work done. The maintenance department, already busy remodeling and making changes for the building program, was forced to consolidate their workshop with the carpenter shop in the basement of the annex.¹⁸

Helen J. Maddex was named administrative assistant in charge of the business office in December of 1961. Miss Maddex, a CPA, had had considerable experience in the hospital industry, having served in San Francisco and Kansas City in business positions.¹⁹

For the first time in more than half a century the K Street side of the hospital ceased to be a show spot of Tacoma. All the flowers had to be moved to the rear to make room for the surgical suite and new office area about to be built. The green lawn on the south side of Jackson Hall was sacrificed for doctors' parking space.²⁰

Lillian Ujick started a steno pool in the office on the second floor of the annex. New recording equipment was put into operation with two machines placed in the medical records department which tied in with the ordinary telephones over the building. This made it possible for a doctor to dictate operative records, case histories, physical examination, and consultation findings and progress reports from any telephone anywhere in the hospital.

The medical records department was again moved--this time to the basement of Jackson Hall, temporary quarters while their spacious new

area was being built. It was decidedly unhandy in its location across the street, both for the staff members who had business in the main building and for the doctors who had to be coaxed such a distance to complete their records.

The year 1962 was an even busier year for the maintenance department. Early in the year it was decided to remove the main entrance to the building to allow the contractor to speed up construction. The basement double doors on the Fourth Street hillside would be used for all patients, visitors, employees, doctors--everyone except delivery truckmen who would use the rear entrance through the east wing basement.²³

The basement hallway on the south side had originally extended all the way to these doors. The area on the west side had at first been sleeping rooms, then the large chapel-classroom for the students, and later the record room before it was opened up and the whole added to the dining room space. A counter was erected the length of the west side flush with the west door sash. This allowed office space for admitting and discharge of patients, some bookkeeping work, and room for the cashier's desk. The east side of the hallway was sealed, floor to ceiling, flush with the east door sash, erasing space for forty people in the dining room and cutting it from the traffic area.²⁴

The walkway leading out the double doors was level for several feet, then gradually ramped to accommodate the sloping city sidewalk which came down the hill. This made for very careful handling of wheelchairs, ambulance carts, and unsteady ambulatory patients, as once the hillside sidewalk was reached it was difficult to fight gravity to prevent going on down the hill. It required two people to control a wheelchair.

The heavy traffic in this narrow hallway made for curious spectacles--such as the crowd witnessing a woman walk in after she had been stabbed in the back. She caused an additional stir as the handle of the knife was still protruding in plain sight. She recovered. And then, of course, there were many dramatic entrances made by obstetrical patients who beat the stork by a whisper.

The former office area on the main floor and the entrance to the north wing were sealed off with Sheetrock paneling. An errand to the pharmacy was like a trip through the fun house. Hallway superintendents abounded, and staffers taking part in the peep show added to the carnival atmosphere. The aggregate scene was one of good-natured tolerance.

The building program was now in the hospital proper. The old, circular driveway ramp to the basement level had been built to last a century, and the swimming pool in the physiotherapy department was cemented in so solidly that it had to be dynamited. The building trembled for many days as all this was broken and removed. The fact that the census remained high was a testimony of the need for hospital beds and a tribute to the ability of the employees to soothe frayed nerves.

The switchboard remained where it was until the new area was complete enough to install the new one. This meant that the harassed operators were working right in the middle of all the building and rubble in the area of the present site of the gift shop.

The footings for the new surgery wing (which would extend to K Street) were sunk forty feet below street level. Here the fifty-year-old basement of the old nurses' home was uncovered. Everyone was baffled as to its origin.²⁵

The new laundry was completed and started operations in September of 1962 with three washers--two 350-pound capacity models and one 165-pounder. One washer was a new, fully automatic machine which cost \$15,054. The old flatwork ironer was replaced by a new, super flatwork make which cost \$32,966.75, with covers. The covers were supposed to last eighteen to twenty-four months. This ironer turned out eighty feet of smooth flatwork each minute. Folding was done by hand, because linen had to be arranged a certain way to be used to the best advantage and hand folding permitted inspection of each piece going through the ironer. Five thousand pounds of laundry were processed each day in the new laundry--the equivalent of 350 family washes.²⁶

Most of the ground floor was completed now and the maintenance department moved in. The framework was blocked in for the other four floors above. Laundry and maintenance employees had to enter from the J Street entrance.

All hallway ceilings in the hospital were painted with fire resistant paint. New fluorescent fixtures to match the new building fixtures were installed. The walls of the hallways were painted to match the new building colors.²⁷

Helen Maddex maintained inventories of all supplies and materials for the first time. As of December 31, 1962, they amounted to:²⁸

Dietary	\$ 8,655.99
Pharmacy	31,234.81
Surgical	19,118.02
Linen and bedding	64,440.33
School of nursing books	1,339.95
Printing and supplies	3,575.55
Fuel oil	1,219.90
Office supplies	11,890.61
	\$141,476.06

Evermore, each department would dread the inventory notices. Linen inventory was the worst. It is difficult for the nonprofessional to imagine the complexity of this task. Every item of cloth used for some purpose in the hospital had to be counted--hundreds and hundreds of pieces--towels, pillowcases, sheets, blankets, hot water bottle covers--everything, no matter how small, down to doctors' caps and masks. With a prepared system it was amazing how well it turned out. The first year had to be compared with a standard--what an inventory of like hospital size would have. After that it was judged by accounting of what had been purchased and what had been scrapped. Just one year in ten proved off more than the reasonable margin of percentage and had to be recounted.²⁹

Harold L. Baird was reelected president of the board of trustees and

James W. Petersen was named first vice-president. T. Robert Faragher was elected second vice-president, a newly created post.³⁰

Capital investment figures showed the cost of the plant and equipment in 1962 as \$2,104,536.71 and the cost of additional facilities now under construction as \$3,176,000. The public's hand in helping with funds for the new building and remodeling now amounted to \$1,840,000, of which \$340,000 was turned over to Mary Bridge Children's Hospital.

The daily average number of employees was now 574, and the payroll for the year was \$2,094,675. A total of 9,616 patients had been admitted.³¹

There were many more types of positions now available for nurses and many offered more advantages than hospital nursing, such as all weekends and holidays off and daytime hours only. The students were well aware of them, of course, as they were now exposed to many facets of experience before graduating. This decreased the number that hospitals were able to hire as the above advantages had more appeal for many.³²

In 1962 Tacoma General graduates were reported first among the diploma schools in the state, outranked only by the University of Washington and Pacific Lutheran University. There were advantages to both types of nursing schools. The degree graduates had the more rounded experience offered by the universities, such as more of the sciences, English composition, languages, arts, etc. At this time Washington's diploma schools were offering a three-year course, affiliated with a university for nursing related subjects such as psychology, chemistry, microbiology, sociology, anatomy and physiology, etc. In recent years the university schools have decreased the amount of actual hours of hospital experience, but, in 1962, the hours were quite comparable. However, the diploma schools, such as Tacoma General, allowed students to be hired a specified number of hours a week of their free time which added to their clinical background upon graduation. This also helped with tuition which had now risen to \$1,586 for the three years.

Freshman students were allowed to be married and live out. A \$15.00 monthly credit was allowed on room and board charge. The monthly meal fee was \$35.00 whether or not the meals were taken at the hospital. Laundry charges were included in the food bill.³³

Oscar Smaalders resigned as executive housekeeper and was succeeded by Mrs. Virginia Elson.³⁴

Sally Mount, medical records librarian, and Russel Hill, physical therapy department head, also resigned in 1962. Six months later, Mrs. Allie Cobbe was appointed the new medical records librarian and Daniel Feldhaus was appointed the new head of physical therapy.³⁵

The hospital's accreditation as a forensic pathology training school was granted in a joint announcement by the American Medical Association and the American Board of Pathology. There were only about fifteen hospitals in the United States qualified at that time to train pathologists in criminal medicine. This was an honor for Dr. Larson, who has won international acclaim for his contributions to this work.³⁶

In March of 1963 the new room numbering system went into effect. Wards were also renamed to more logically fit in with the newly completed

areas. The information desk must have almost gone mad, even though the new system was thoroughly logical, if one kept in mind that there were actually six floors. The subbasement was now the first floor, the basement was second, the K Street level was third, and so on up to surgery on the sixth. Wings were all lettered. North was A; south, B; east, C; and the new addition contained the D and E sections--the E's farthest east. The first digit of the room number denoted the floor. The second digit, always one or three, separated the old from the new part of the building. For example, 5113 meant fifth floor of the old building; 13 was the room number; 4333 meant the fourth floor new wing.

It was also deemed logical that the farther one went after entering a wing the larger the numbers should be, so going north from the chart room on 5A the rooms were 5113 to 5118 and started with 5140 on the south end. The C wing, long known as the east wing, had been numbered from south to north. All the numbers graduated from north to south. It took some re-orientation.³⁷

Temporary offices had had to be shelled in on 3D for administration, accounting, patients' accounts, and insurance when the building began on the old office site. The obstetrical department and doctors felt left out. Money ran short, and the remodeling of the old surgical area of sixth floor entailed too much and was not thought feasible. So the obstetrical staff and doctors were appeased with new electric beds that could be raised or lowered, new color coordinated lamps, and new cubicle tracks for privacy curtains. A new shower and two toilets and dressing counter were added and the whole department was painted.³⁸

The chart desk, which had long been in the hallway as the turn to the east wing was made, proved far too interesting to nervous, expectant fathers and thus was moved into newly renovated quarters.

The hallway alcoves adjoining most of the wings had been used as chart desk space ever since the building was erected in 1915. Floors one and two north and one south had been the only ones honored with a chart room, simply because there was no available hall space. Third north was moved into the dressing room about 1940 and annexed the adjoining room 307 some years later.

Room 3B was also remodeled to match the new wing, and Mr. Huber relinquished his office on the main floor to the doctors. At that time their room was in the pathway of the new core hall.³⁹

A new sterilizer was installed in central supply, and the annex stairwell was renovated with fireproof material. Solid core doors--solid wood with no air spaces and treated with fireproof material--had been installed on all patients' rooms as wards were renovated. To comply with state fire regulations, steel doors which could withstand an hour of intense fire were installed to block off every hallway throughout the building.

The diet kitchen was remodeled into a bakeshop and all the bake ovens, mixers, and stainless steel counters and shelves were moved into the bakeshop. This meant that new electric lines had to be brought into the ovens. The old bakeshop area was extended into the dishwashing area. The maintenance department was busy.⁴⁰

March 1 and 2 were moving days for the clinical and pathology laboratories. The new space was, with the doctors' offices and classrooms, about six or eight times the size of the old laboratory area. Spacious and ultramodern, the rooms were multicolored and all selected by the individuals working in each area. The corridors were painted antique white.

Photographer Kenneth Ollar had had a hole-in-the-wall office and workroom ever since 1940. It was handy, of course, in that he could sit in the middle and reach anything without rising; but his department grew like the rest and he desperately needed more room, so he moved into a more spacious suite adjoining the new pathology laboratory.

Physiotherapy moved into its new, beautiful area. Now the personnel could work comfortably in plenty of room and there was space for more plinths and extra equipment, the latest and most expensive being the fourteen-foot double kidney-shaped tank for treating patients in water.⁴¹

The old basement area of the north wing was cleared for the emergency room suite. Temporarily, it moved into part of the new X-ray suite so the tunnel hallway and entrance could be completed. Second north moved into the newly completed 4D. Second south moved into 4E. First north went to first south and, later, to 3E. As Mrs. Hoffman stated, "The whole building was like a fruit basket upset. It seemed that every three or four days a ward was being moved."

The pharmacy moved into roomy and well-lighted quarters in October. The dispensing rooms were conveniently located on the third floor right off the core area, handy for doctors and nurses and handy for the drug room personnel. For the first time in nearly fifty years there was enough space to work.⁴²

Though the building program was not completely finished, the public was invited to see the new wing wards, May 17, 18, and 19. The May 16, 1963, Tacoma News Tribune carried the following story, in part:

The fourth floor is designed especially for surgical patients and contains two nursing stations with twenty-six beds each.

On both the fourth and the third floors there are two- and four-bed wards and private rooms. There is a toilet and wash-basin in every room. Electrically powered beds may be raised or lowered, or sections may be adjusted independently of each other, either by the patient or by the attendant. Every patient has direct communication with the nurses' station by means of a push-button speaker system. Oxygen and suction equipment and lights are attached to the wall over each bed.

A day room has been provided on each floor, a light, airy room where ambulatory or wheelchair patients may go for relaxation or to receive visitors.

Colors play a big part in the patient rooms on both floors. Walls are in white, blue, or pink, chairs are of teak with white, wipe-off upholstery. Draperies match or contrast with the wall colors and ward curtains, running on ceiling tracks and giving privacy to each bed, are of soft medium blue with white nylon net

tops. Bedspreads blend with the color scheme. Every bed in the two-bed wards has a telephone and in the four-bed wards jacks give plug-in service to patients. There are plug-in fixtures for television sets for each bed, each set to be equipped with pillow speakers. In a four-bed ward, for instance, four different TV programs may be seen at once but the sound from each will go only to one patient. . .

The employees' entrance from Fourth Street was opened, with bulletin boards and time clock and card racks. The average monthly staff now numbered 590 people.⁴³

The entrance hall led at right angles into the hallway from second floor basement that tunneled straight across to Jackson Hall basement. The area on the left, handy as women entered the building to work, was a large locker room with lavatories and showers. With the growing number of people, all busy in their separate nooks of the hospital, this room became pause for friendship. No one could resist a remark of some kind, especially in blustery weather. A like space for all male employees was on first floor.⁴⁴

The daily hospital rates were now \$27 for four-bed wards and \$31 for private rooms. Nurses' salaries now started at \$380 per month.⁴⁵

Physicians from Fort Lewis covered the emergency room service. Over the country there were more than twelve thousand internships available and over thirty percent of those were vacant. The situation was growing steadily worse. There were more hospitals, but there were also more people--all more health conscious. And there were not enough medical schools to turn out enough doctors.⁴⁶

A purchasing agent was hired this year. All salesmen were routed through his department, thus reducing unnecessary waste of time for department heads.⁴⁷

In October of 1963 Mr. John C. Ettner was appointed assistant administrator. He had taken his administrative residency at the University of Washington Hospital, a graduate degree in hospital administration at the Washington University in St. Louis, and his administrative internship at Santa Monica Hospital in California.⁴⁸

The dietary department converted to central tray service the latter part of 1963. Therefore, all four floor kitchens were closed. Supervision was easier, and there was less food waste since it was all prepared and served in one area. For speed and sanitation, Mrs. Fulkerson was now using more prepackaged foods, making raw cost higher but, with reduction in labor, experiencing a lower food cost. Diet offices, now on three floors, were able to work more closely with the medical team.⁴⁹

The unveiling of the new lobby and offices took place early in 1964. An expanse of windows from ceiling to floor all around the new lobby and office area allowed light to pour into every corner. Cream-colored brick to match the outer building was continued on the inner walls and the white tile flooring added to the simple beauty.⁵⁰

The administrative offices across the front of the south side were

sumptuous with see-through, off-white draperies and red carpeting. Walnut furniture made the luxuriousness complete. In just nine years it was to be remodeled to make more room.

For the first time in the hospital's history there was privacy provided for the patient negotiating financial arrangements. A glass-enclosed area contained cubicles for the accounts and insurance clerks.

The rest of the south side of the K Street wing was a large, lovely open room for the desks of the accounting and bookkeeping personnel. In two years' time the area would be cramped.

The nursing office was remodeled into a reception area and two inner offices for the director and assistant director of nurses.

The main artery of the building remained essentially the same. Refinished walls and doors improved the appearance of the old central stairway. Again, the stair steps were refinished--this time, with two-toned tile. The whole core from top to bottom was repainted.

The east wall of the lobby housed the gift shop, conveniently situated and partly glassed in to display the wares. Everything was so changed that it was hard to imagine the old driveway which circled underneath shortly before the renovation.

The north wing of the fourth floor (the old two north) had been made into a large recovery room which adjoined the new surgical suite as well as a large locker room and lounge for the surgical nurses. The rest of the wing proceeding north had been converted to offices for the anesthesia staff doctors.

Tacoma General Hospital dedicated its new facilities, April 29, 1964, on its eighty-second anniversary. One hundred fifty people turned out in spite of the cold, blustery day. The Reverend J. Irwin McKinney, rector of St. Luke's Memorial Episcopal Church, delivered the invocation and blessed the new facilities devoted "to the relief of suffering and the advancement of medical science."⁵¹

The new switchboard, serving a hospital community of many busy people, was located to the right of the entrance hallway, partitioned from the traffic area by the large board which indicated physicians in the building. It was visible to the information desk, as well as to the switchboard operators from the reverse side. There were six full-time and three part-time women covering the board. There were twenty-nine incoming and outgoing lines, allowing three operators to work at once if needed. There were 474 extensions on the board, including patients' rooms.

There were now seventeen men employed in the maintenance department. The staff was basically responsible for all functioning systems, major breakdowns, painting, minor remodeling, design and makeup of various equipment and gardening. Steam was used for heating and, by a conversion process, refrigeration as well. The units that made all this possible were two \$85,000 twenty-five ton boilers, set on solid, individual concrete pads. Each was capable of an hourly output of 21,000 pounds of steam. The fuel used was natural gas or, should supplies fail, low-grade fuel oil.

The radiology department now took nearly 6,000 pictures a month.

A unique facet of the new department was a 15' x 20' room with a ten-foot ceiling. The concrete walls, floor, and ceiling were eighteen inches thick and completely lined with lead. This was the cobalt room which, when the \$50,000 cobalt machine was installed, would provide deep X-ray therapy for patients with cancer.

There were three radiographic rooms, three therapy rooms (including the cobalt room, and two cystoscopy rooms in surgery), a complete aseptic X-ray room in surgery, a special X-ray room for special procedures, and one special X-ray room for emergency usage.

Doctors were to have a complete viewing room of their own with twenty view boxes. The \$12,000 Franklin multiple-exposure machine took as many as six frames per second.

The completed surgery suite had eleven individual surgeries: one for special fracture problems, two for urological work, seven for general major surgery, and one additional major surgery which was extra large for the more complicated types of modern surgical procedures. This special room is completely encased in copper mesh to insulate from outside radio and electrical interference the delicate electronic equipment used in measuring electrical patterns of the brain or heart during surgery.

All of the surgeries were equipped with built-in vacuum for suction, compressed air, nitrous oxide, and oxygen. View boxes were placed for examination of X-rays during the operations, timers, shockproof plugs, intercom boxes, and emergency signals.⁵²

Besides being up to the minute in every respect there was the sheer beauty of the surgical suite. Gleaming tile of different pastel colors covered walls of all the operating rooms and the corridors. Acoustic tile covered the ceilings of the corridors, and terrazzo flooring runs throughout the whole area.

Operating room staff--nurses, doctors, technicians, secretaries--all were proud and delighted with the new facilities. But each operating room had become an island unto itself, and the staff agreed that they missed the comradery of the old, crowded quarters. Equipment stored in the hallway had forced everyone to jostle a pathway to their destination, but it also fostered many a friendly "Excuse me" or "Good morning!" Surgery recorded over 4,000 cases for the year 1964.

Gerrit Vander Ende, president of the Pacific First Federal Savings and Loan Association, was elected president of the board of trustees in 1964. Other new officers were Carl L. Phillips, first vice-president; Roe E. Shaub, second vice-president and secretary; R. A. Mueller, treasurer; Walter A. Huber, assistant treasurer; and Mrs. Lillian A. Ujick assistant secretary.

Named to the executive committee were W. Hilding Lindberg, George H. Weyerhaeuser, J. A. Woodworth, Dr. Gerald C. Kohl, James W. Petersen, and Harold L. Baird. Dr. Philip C. Kyle, Baird, Lindberg, Vander Ende, and Woodworth were reelected to the board of trustees. Their terms would expire in 1967.⁵³

Mrs. Bess Piggott became the new director of the school of nursing. A graduate of the University of Arkansas, she received her master's degree

in nursing at Yale University and served as a second lieutenant in the Air Force. After directing St. John's School of Nursing in Tulsa she received a master's degree in psychology from the University of Tulsa in 1957. The Piggotts came to Tacoma from Missoula, Montana.⁵⁴

There were now 237 beds in the hospital and forty-five bassinets. The minimum room rates were \$28.00 for ward beds, \$30.00 for two-bed rooms, and \$32.00 to \$38.50 for private rooms.⁵⁵ The general duty nurse now received \$400 per month.

A great need on the fifth floor was fulfilled this year, concentrating all the luxury in one room--so overwhelming that it was promptly dubbed "the pink palace." The old 309--once maternity, then the Rust Memorial for a children's ward, then a women's surgical ward, then an isolated spot for mothers without babies--finally came into its just reward, that of a gorgeous ladies' powder room! Completely tiled in pink, it added showers, lavatories, a long dressing table with wide mirror, and washbasins. The young mothers loved it!

Better health facilities had greatly improved the health picture of the nation but material for serious thought arose. An editorial in the January, 1964, Pierce County Medical Society Bulletin, entitled "Prognosis: Good for Life, Poor for Living," explains:

By the remarkable advances in treatment of acute illness in the last few decades, physicians have saved the lives of many patients although in so doing they have substantially altered the health picture of our population and helped to create other problems. One of these, chronic illness, has emerged as the health problem of our time. This includes heart disease, arthritis, mental illness, orthopedic and back problems, paralyzes, emphysema, visual and auditory impairment, loss of limb, and alcoholism. Few of these can be cured as can pneumonia or appendicitis; almost all present residual disability after the best medical efforts and require continued medical and other health care.

The problem has large proportions. Thirteen million Americans are limited in the amount and kind of activity they can perform. Their prognosis for staying alive is good but their chances of leading independent, purposeful lives are poor.

Medicare was just around the corner.

Also in 1964 forty interns and residents of Tacoma General Hospital held a reunion. Since 1924, 168 doctors had interned at the hospital. Eighty-six served anesthesiology residencies and twenty-one, pathology residencies. In 1964 fifty-eight physicians who had gone through internship and residency programs were practicing in the Tacoma vicinity.⁵⁶

The American Journal of Nursing published an article this year termed "The Position Paper," stating the ANA's advocacy of nurses' education through the regular school program and earned degrees in colleges or universities. Diploma schools would fade out of the scene and former graduates without degrees would be technicians. Hospitals would no longer fill the

background of their schooling but would furnish, instead, a salaried period of internship, as it were, for a period of on-the-job orientation after getting their degrees. Nurses all over the nation rose up in arms. Subsequent articles and speeches to the county and state groups acknowledged that the transition would not take place overnight but would require a period of years. The controversy finally quieted with two results: more nursing students sought college degrees, and hospitals began to wonder about a nurse's worth.

An event of 1965 which will be long remembered was the fire of Easter morning, April 18.⁵⁷ While the cost of the damage was just half that of the 1961 laundry fire when the laundry was temporarily housed in the old garage, this one was much more frightening as it was in the actual hospital building.

The fire was first discovered in the C wing linen chute about 8:30 A. M. According to the fire department's investigation, it started in a pile of soiled linen. The odor of burning cloth prompted a call to the fire department. The fire had evidently smoldered for some time, because there was enough smoke accumulated to fill the east wing hallways when the doors were opened. Firemen quickly extinguished the blaze in the subbasement and checked all the C wing floors and aired them.

Of course, the "Attention Red" alert had been broadcast over the loud-speaker, and all the room doors and fire doors between wings had been closed and all windows shut, according to fire drill regulations. Careful drilling of personnel had resulted in rigid obedience, with everyone at his station and alert for further orders or the "All Clear" announcement.

There were seven or eight patients in the lying-in department on 5C when the "Attention Red" signal was given. Many of them were sleeping, some were not in labor, and just one woman under caudal anesthesia and almost ready to deliver. As the doors were immediately closed to each room no smoke entered them, and none of the patients was even aware of what was happening. A group of firemen entered the wing from the east stairway and announced that the fire was out as the "All Clear" was broadcast. The hallway was blue with smoke and windows were opened to air it out.

One of the delivery room nurses went to the end of the hallway to open the fire doors. She happened to look up and saw flames and black smoke pouring from the sixth floor core area of the new building wing. She immediately notified the firemen who were still on the floor and called the switchboard to report the new danger. Again the "Attention Red" signal was broadcast, everyone resumed his station, and rules were observed. Two or three others in the east wing had noticed the fire simultaneously and had also notified the operator.

The switchboard notified administrative personnel. The nurses in charge of the wards took stock of their available beds, checked over their patients, and made decisions about how to best care for their patients should evacuation be necessary. There was no panic--all the fire drills had paid off. Fire doors were closed, thereby controlling smoke; and each charge nurse made the improvisations necessary to safely get her patients to safety or decide whether they could be moved before an extreme emergency was declared. It was this professionalism that

prompted patients all over the hospital to declare that they were never afraid and had complete confidence in those in charge.

This fire raged, and those who saw it knew that it was not going to be easily controlled. Mrs. Marian Hegland, nurse in charge of the house that Sunday, did a splendid job of supervising and making quick decisions.

When the fire chief decided that the fire was potentially extremely serious, the order "Prepare to evacuate" was sent over the loudspeakers. The words came firmly yet quietly over the intercom. The personnel over the whole building were worried but went about with the preparations. Such an order had never been heard before by any of them.

Mr. Huber and Mr. Ettner were there within a few minutes to help direct operations. The Tacoma Fire Department was superb. More engines were called and surrounded the building. Tacoma police rushed to the scene and handled the anxious and curious crowds gathered outside.

According to the fire rules of the hospital, all possible help is sent from other floors to the site of danger. People appeared on fifth floor and stood by for further directions. Babies were taken to their mothers and the mothers told to be ready for further instructions. Fortunately, most obstetrical patients were now allowed to be on their feet the day after delivery.

Being Sunday, there were no surgeries scheduled and there was no emergency surgery being done at the time. Dr. Richard Huish, the attending physician of the obstetrical patient, arrived in the department shortly after the fire alert. Since she was almost ready to deliver, it was deemed wise to move her to the St. Joseph Hospital immediately and an ambulance was called to the Fourth Street exit of the IC wing. The fire was so far confined to the new wing on sixth floor, so she was taken down on the C wing elevator. St. Joseph Hospital was notified; and a delivery room nurse, Miss Virginia Higdon, accompanied her to the other hospital.

After Chief Reiser and his deputies had made another evaluation, they decided they had an even more serious situation than had been thought and declared it no longer safe for patients to remain on fifth floor. Over the speakers came the sharp, clear "Evacuate!" It is impossible to imagine one short word's carrying so much import.

As per evacuation plan each floor took the safest route farthest away from the known fire location and moved down one floor and so on out of the building. Ambulatory patients took the front K Street exit and went to the First Methodist Church on the corner of Fifth and K Streets. This would be the second time in history that the church housed patients, the first being during the 1918 influenza epidemic.

Patients in wheelchairs and on carts went through the tunnel to Jackson Hall. There was no panic. The staff remained calm and coolly efficient. Each patient was accompanied by an attendant and evacuated safely. Mothers with their infants were removed by the outside fire escapes to 4B. The men's ward on 4B was made ready to receive the obstetrical patients. Subsequent evacuation of other patients was made via the stairwells. Eventually, patients were settled in the nursing arts laboratory in the school and some in the emergency room, besides those who went to the church.

The patients realized the gravity of the situation and not a one complained. Nurses had followed their patients, keeping an eye on their condition and administering medication as it had been ordered or was needed.

Doctors in the building stayed on to help and others arrived when the news of the fire was broadcast over the radio. Even people in the street eagerly offered their help.

By 10:30 A. M. it was all over and the "All Clear" was announced. The lines of patients and attendants filed back into the hospital. There was not one person on the staff who was not proud of the fact that he had done a good job.

The holocaust had ravaged the sixth floor. The new core, where the fire started, was completely ruined. The flames had traveled from there to the old surgery wing which was then used for storage. The fire doors had been left open. Burning cartons of new beds and furniture generated great heat. Woodwork burned, paint blistered and blackened, and smoke and soot and water from the hoses left the area a shambles. What a mess for housekeeping and maintenance!

Many, many dollars had been invested in fire door installation, fire glass, door latches, fire extinguishers, hoses, the outside fire escapes, alarm systems, fire retardant materials, and extensive training programs. It is only natural that, at times, it was felt that these dollars were foolishly spent; but just one experience like the Easter fire proved how all these things saved the hospital from total destruction. Employee tours taken through the burned areas graphically stressed the value of fire equipment and training.

The fires were suspected arsons. The first fire in the linen chute must have been cleverly planned to distract attention from the activity necessary to start the larger and more dangerous one. Fire doors were always kept closed on the sixth floor. In this case they were deliberately left open to allow the flames to spread to the storage area and the rest of the floor.

Insured damage to the building and contents amounted to \$36,638.72. Thankfully, there were no injuries.

Subsequent damage by an earthquake a little later on in the year turned out to be more serious than at first thought. The elevator penthouse on the K Street wing was so badly damaged as to require the replacement of the walls at a cost of \$5,390.37.⁵⁸

During 1965 the hospital completed the acquisition of the west one-half block on J Street between Third and Fourth Streets. Four of the structures were judged too poor to maintain and so were demolished. The ground was cleared and a parking lot created with a capacity of thirty-five cars, at a cost of \$5,007.65. Four houses and the Cleveland Apartments were allowed to remain as rental properties.⁵⁹

The picture of the perimeter of the hospital was changing. Jackson Hall was the first to alter the scene; then the doctors' parking lot next to it replaced the green lawn. The remains of the yellow garage on Third Street were torn down after the fire. The big, old apartment house on the alley remained, but a new clinic building rose on the lower corner, facing J Street.

Half of J Street east of the hospital grounds was in parking space, but still there was not enough room for the cars. The stilted houses on the north side were torn down and parking space extended to the top of the hill at a cost of \$16,910.53.⁶⁰

A bird's eye view revealed the arms of a modern medical center stretching farther and farther. There were doctors' offices on I Street. The blood bank replaced the old Temple Beth El. The Western Clinic replaced the domed Christian Church on Sixth and K Streets. A psychiatrists' clinic appeared on Fifth and K Streets across from the First Methodist Church. The South Fifth and L medical building and a large, three- and four-story medical building occupied corners of blocks west of the hospital. Another row of doctors' offices had been put up on Sixth Avenue within two blocks of the hospital, and three nursing homes were within a short radius plus Mary Bridge Children's Hospital. Just one block of the old, wooden homes adorned with widows' walks remained on the block adjoining Sixth Avenue. By now, most of them had had their faces lifted and turned into apartment houses.

In 1965 the hospital was surveyed by the Joint Commission on Accreditation of Hospitals and received a three-year, unconditional accreditation.⁶¹

Room rates as of October 1, 1965, were \$32 for a four-bed ward, \$34 for a two-bed ward, and private rooms ranged from \$35 to \$41.⁶²

Two hundred students had completed the course of the school of medical technology started in 1926 by Dr. Philip Scott. Thirty-two were still working within a thirty-mile radius of Tacoma, and the rest were scattered across the country.⁶³

The Medicare program for the elderly generated unfavorable attention. The industry was ill prepared, generally, for the drastic changes in terms of facilities or manpower which were occasioned by increased service demands. There was a great deal of retraining required to acquaint staffs with new procedures--and a great many confused people administering confused programs. Accounting procedures and concepts were changed and a program for physician review of the utilization of the hospital facilities established. Tacoma General Hospital was one of the first five in the nation certified to participate in the Medicare program.⁶⁴

In October, 1966, nurses' salaries in the Tacoma area were raised \$70 to establish a starting monthly rate of \$500, and there were across-the-board salary and wage increases at the hospital.⁶⁵

Recognizing the serious implications of a wholesale closing of diploma schools at this time, the American Hospital Association and the American Medical Association as well as other medical groups came to the defense of the diploma program and attempted to save or reconstruct this method of educating nurses.⁶⁶

Ward 3D was completed and put into service on July 2, 1966, completing the new wing and adding twenty-six medical beds to the hospital. Ward 3C was closed for remodeling and renovation.⁶⁷

A volunteer chaplain service sponsored by a joint committee of the Tacoma-Pierce County Council of Churches and the Greater Tacoma Evangelical Association was organized early in 1966.⁶⁸

The first month of Medicare in Tacoma hospitals had surprisingly little impact on the nursing staffs, made minor problems for admitting offices, and created big headaches for the business office.

A survey of five of Tacoma's hospitals showed that Medicare did result in some increase in daily census, though the gain was not as great as had been anticipated before the program started. Of the hospitals surveyed only St. Joseph Hospital and Tacoma General actually had instances in which patients had to be turned away. There were sixty such instances at Tacoma General. In 1933 these two hospitals together had 300 empty beds.⁶⁹

Another problem facing the medical profession was discussed by Dr. Glenn McBride, July, 1966, in the Pierce County Medical Society Bulletin, entitled "Who's Dead--and Who Isn't?":

There was the case in which the patient sustained a massive cerebral hemorrhage and ordinarily would have died except that his cardiac pacemaker was in perfect running order. Was he alive or dead?

... With the advent of several extraordinary means of preserving life--it is no longer a "Cradle to the Grave," but now a "Test Tube to the Repair Shop" society. Instead of saying, "I'm off to see my general practitioner," it's "I'm off to see my General Electric repairman."

We are, as a profession, on the brink of an era in which we must decide: When are we to use these extraordinary means of preserving life? How long should these be used--for a reasonable time, or as long as there is any sign of life? At what point should these procedures be discontinued? In other words, who's dead and who isn't?

Perhaps we shall need help in making these decisions.

Richard E. Burgess, director of technical services of Pharmaseal, makers of sterile disposables, spoke before the 1969 Midwest Hospital Association convention. Following are excerpts from that speech as printed in the January, 1970, "Hospitals" magazine:

These brief remarks are intended to provide perspective on the size and growth of the health industries field. Some figures on hospital purchases were compiled from the National Hospital Purchase Index prepared by Ambruster, Moore and MacKarell, Inc. These statistics were mostly compiled from the August, 1971, Guide Issue of "Hospitals," Journal of the American Hospital Association:

In 1966 there were nearly 27 million admissions to non-Federal, short-term general and other special community hospitals. In 1970 there were slightly over 29 million admissions, an increase of 8.7% during this time. Total expenses for these hospitals rose from about 10.3 billions in 1966 to about 19.6 billions in 1970. This was an increase of 90% during this period.

Purchases of sterile disposable devices by hospitals increased at an even greater rate. This was determined by compiling the hospital purchases for 20 classes of sterile disposables for medical-surgical use. Purchases increased from about \$130 million in 1966 to nearly \$297 million in 1970. This was an increase of 127%, or more than double. I hesitate to estimate what purchases of these products may be by 1973, but the American Hospital Association estimates there will be 30 million hospital admissions that year, and that total nonfederal short-term hospital expenses will climb to nearly \$36 billion--an 83% increase over 1970. Thus, it is evident that this is a dynamically growing area and that proper design of products will be required to complement this growth...

These startling figures were quoted to give community residents some idea of how their hospital dollars are spent. Not even the medical profession itself is entirely aware of climbing costs.

Hospitals were very much aware of climbing costs and several alert individuals were viewing the situation for solutions.

As Mr. Huber said in the annual report for 1967:

I find myself describing the same conditions only using larger numbers to express greater work loads and more money accounted for. There is a difference, however, in the atmosphere. Demands for beds which many times could not be met and increasing use of all facilities created a sense of urgency to arrive at an acceptable plan for expansion, and yet there was an uneasiness about leading out in any direction caused by the firming up of concepts of comprehensive health planning by the government. The conditions of Public Law 89-749, as yet unknown, seemed to threaten the entire historical methods of delivery of health care to the public.

The census was high throughout the year, averaging 199 adults and 26 newborn. The average percent of occupancy for the 229 beds in use was 87.5. There were many days of full occupancy and many requests for admissions which could not be met. Eleven thousand two hundred eighty-seven adults were admitted...

Dr. Eli Ginzberg, director of conservation of human resources, Columbia University, spoke to the convention of the National League for Nursing in New York City in May of 1967, giving the position of the nursing profession:

Diploma graduates will dominate the field of nursing for at least another generation. Nurses will have to decide what nursing is to be--direct patient care, or administration of personnel giving direct patient care.

Leadership in nursing should stop fighting and get everyone to go in the same direction.

Nurses should become involved in extended care units. If not, hotel and motel organizations will do so and are moving in that direction at this time.

The shortage of nurses was critical. From the start, the AHA, American College of Surgeons, and physicians in general disapproved of the closing of the diploma schools. Because of increasing pressures from these associations the American Nurses' Association and the National League for Nursing reversed their stand and encouraged the maintenance and upgrading of the remaining diploma schools. It was strongly urged by local hospital administrators, directors of nursing service, and doctors that the Tacoma General Hospital School of Nursing be continued.⁷⁰

Nursing was becoming an increasingly complicated art. The R. N. was obliged to monitor and operate increasingly sophisticated and exotic equipment. Heart, brain, orthopedic, and other complicated surgery brought the profession a need for better supervision, more orientation, and continuing education.

The big question now was "What is a nurse worth?"

Nurses' salaries were raised \$50 a month in October of 1967, and they were to get another \$50 on April 1, 1968, thus lifting the beginning rate to \$600 per month. Just thirty-two years before, the general duty salary was \$45 per month.⁷¹

To ease the problem of hiring service personnel, the minimum rate was increased to \$1.60 an hour. Back in the depression days the salary was sixty cents for eight hours. There were now 724 employees on the payroll--567 full time and 157 part time. A pension plan was approved for all personnel and made effective as of January 1, 1967.⁷²

L. Evert Landon, president and director of Nalley's Fine Foods and holder of many civic responsibilities in the past, was elected president of the board in 1967, succeeding Gerrit Vander Ende. New members elected were Goodwin Chase, William R. Haselton, and G. E. Karlen.⁷³

The bed shortage necessitated the reactivation of ward 1C which entailed complete remodeling but would result in an additional eighteen beds.⁷⁴

In June of 1967 the board of trustees authorized a one million dollar building program to add two floors to the wing of the hospital completed in 1964. This would increase the capacity by about one hundred beds, raising the total to about 375.⁷⁵

An endowment fund was established to accept contributions. Only the earnings would be expended for general hospital purposes or specific purposes such as charity, clinic, special services, research, or nurse and medical education which would be authorized by the board.

Included in the building fund were the gift from the Tenzler Foundation of \$250,000; the bequest of Margaret Long of \$80,870; the grant from the Department of Health, Education, and Welfare Nurse Training Act of \$12,700; and the Helene Fuld Health Foundation nurse education donation of \$15,640.

Principal expenditures of surplus funds went for remodeling and renovation of 3A for the medical records library, updating 3C and 4C, and construction of dishwashing facilities, the total cost being \$223,053. Equipment purchases amounted to \$120,505. Also purchased was property at 1011 South Third Street for future expansion purposes at a cost of \$30,597. This building was torn down to make parking space for those people in the building who had to come and go in the course of their work and needed ready parking space available. The area where the garage had burned and been cleared

was enclosed in high cement walls and made into parking for the 3-11 personnel.⁷⁶

The medical records department moved back into the main building from Jackson Hall, leaving a goodly amount of the records in the storage space created by the departure. The long-needed area was tastefully carpeted and decorated. The librarian, Allie Cobbe, and her staff had had their troubles in the temporary quarters and now settled in with hopes for permanence. No matter how well designed a records department is, the life of the librarian is fraught with niggling problems. A poem which appeared in a Pierce County Medical Society Bulletin aptly illustrated her plight:

She stood before the pearly gate,
Her face was drawn and sad.
She stood before the man of fate,
Who screened the good from bad.
"What have you done," Saint Peter said,
"To gain admission here?"
"I've been a medical records head
For many, many a year."
The pearly gates swung open wide,
Saint Peter rang the bell.
"Come in and choose your harp, my friend,
You've had your share of hell."

As of October 1, 1967, the minimum rates were \$42.00 for four-bed wards, \$44.50 for two-bed wards, and private rooms ranged from \$47.50 to \$52.50.⁷⁷

Executive Housekeeper Virginia Elson resigned this year, and Mrs. Georgine Lindley took her place. There were fifty-four full-time equivalent people on the housekeeping staff in 1967-68. Two hundred twenty gallons of floor finish, 600 gallons of disinfectant detergent, fifty-five gallons of paste cleanser, thirty pounds of special cleanser to wash approximately 55,200 square feet of walls and ceilings and 995 windows were used.⁷⁸

On July 1, 1967, the cafeteria was closed for remodeling and a temporary service set up in the recreation room of Jackson Hall. The word "temporary" cannot help but cause a smile. The dietary department certainly deserves a nod for rising to this challenge! "Set up" sounds so simple--when it actually meant supplying a complete cafeteria with tables and chairs, paper dishes, steam tables, and carrying everything for each meal almost a block through the tunnel and then carrying everything back for cleanup.⁷⁹

Dr. Larson authored an interesting article about the Tacoma-Pierce County Blood Bank in the March issue of the Pierce County Medical Society Bulletin:

This bank is the most unique organization, since it represents the only blood bank in the world which has been developed and supervised as a joint operation between doctors and labor unions.

The Pierce County Blood Bank was incorporated in 1946. Those on the Pierce County Medical Society committee to organize the bank included Drs. Norman E. Magnussen, Charles McColl, Burton Brown, C. P. Larson, Treacy Duerfeldt, and Mr. Arthur Von Dell, M. T. The Medical Society elected Dr. Magnussen as medical director of the bank and Drs. B. A. Brown, E. Hanson, and C. P. Larson as board members. Labor elected H. S. McIlvaigh, H. J. Davelaar, A. J. Newton, and Richard Clevenger to the board.

In the succeeding twenty years since its birth there have been remarkably few changes on the board. Dr. Brown served for seventeen years and was replaced by Dr. Fred Schwind. Two of the original labor representatives are still on the board. Dr. M. J. Wicks replaced Dr. Magnussen as medical director in 1950.

Dr. John Bonica was still making headlines for Tacoma General Hospital. In the October, 1967, issue of the same magazine appeared the following:

Just off the press and now available is a new book on anesthesia authored by Dr. John Bonica, recently of Tacoma, now chairman of the department of anesthesiology at the University of Washington School of Medicine. The book is entitled "Principles and Practice of Obstetric Analgesia and Anesthesia." This is Dr. Bonica's second textbook, the first being a popular volume titled "Management of Pain," published several years ago...

There were 750 employees in June of 1968. Over half of them had over five years' service and thirty-seven had over twenty years' service.⁸⁰

In September of 1968, Robert L. Flynn was appointed assistant administrator of the hospital. He had attended the University of Puget Sound, earned his master's degree in hospital administration at the University of Michigan, and also held a law degree from American University, Washington, D. C. Before coming to Tacoma General he was executive director of the Regional Health Planning Council in Seattle.⁸¹

Property on I Street between Division Avenue and Third Streets was secured in 1968 and exchanged with the Blood Bank for property on I Street between Third and Fourth Streets, thus providing the hospital with substantially the entire block between Third and Fourth and I and J Streets for future building purposes.⁸²

It had been just four years since the completion of the building program. Already, nearly every department was devising ways to create or conserve space.

The conservation and economy of manpower was also a problem. As Mrs. Hoffman, director of nurses, wrote in her letter to the Alumnae for the 1968 Bulletin:

Nursing is becoming more complex each day and requires more knowledge and more skills than one person can master. A more creative division of responsibility and more delegation of accountability

are inevitable as we develop new concepts of health care. Team nursing is the organizational pattern now being introduced on our nursing units replacing the traditional case assignment plan of past years. Paperwork is being delegated, in part, to the ward secretary.

The dietary department was understandably dismayed to learn that the cafeteria remodeling would not be done as soon as expected. It was decided that as long as the dining room was closed it would be wise to change pipes and fittings for heating and refrigeration. This entailed excavating through the flooring. For many months there was a hole large enough for a giant-sized swimming pool covering most of the area which used to be the dining room floor.

It looked as though the "temporary" cafeteria would be in operation for many more months or possibly years. So Mrs. Fulkerson, the dietitian, took it in her stride and arranged for full meal service in the Jackson Hall location.⁸³

Richard F. Driskell, registered pharmacist, was the post advisor of the Health Sciences Explorer Post, No. 507. The medical specialty post, sponsored by Tacoma General and chartered by the Boy Scouts of America, was ending its fourth year of activities and had thirty-eight members in 1968. The purpose of the program had been to explore any and all of the many fields of medicine or the allied medical sciences to provide useful information in career planning. Mr. Driskell was joined in the advisory capacity by Dan Feldhaus, Tacoma General head of physical therapy. Both donated many of their spare hours. Membership has remained between thirty-five and forty each year as the boys leave high school but several have kept in touch. Some have taken up medicine, and quite a few are studying dentistry, pharmacy, and nursing.⁸⁴

In April of 1969, J. A. Woodworth, the prominent local businessman and longtime board member, was named president. He succeeded L. Evert Landon who remained a board member. James W. Petersen was named first vice-president. New board members included Dr. Robert W. Florence, chief of staff at the hospital; E. Walter Hogan, and James W. Will.⁸⁵

"1969 was a momentous prelude to the '70's," stated Mr. Woodworth in his annual report to the board. "It was a time when the hospital, its goals, and future needs were examined thoroughly in light of developing medical techniques and social adjustments of the day. Objectives of the hospital were formalized to provide a base from which to project future growth. At the same time the corporate structure of the hospital was changed to provide for an enlarged governing board and a newly created board of trustees to make possible wider community participation."

Two years of long-range planning culminated in approval of a development program extending through the '70's at a cost of approximately \$25,000,000.

The plans for expansion would make Tacoma General one of the three largest public hospitals in the state. The first step would be a new building between South Third and Fourth and South I and J Streets to house a badly

needed obstetrical department, add one hundred beds to the hospital's capacity and space for an enlarged physical therapy department, dietary, and other services.

The new building would fulfill a longtime ambition of the Tacoma General board--to make it possible for the hospital to directly face the green expanse of Wright Park. The parkside unit would be connected with the main hospital by sky bridges above J Street and tunnels beneath the street.

Fannie Paddock would have been proud of the growth of her dream. Charles Wright, who had donated the land for the park and also the block for the hospital, would surely have been pleased to see the two united. Samuel Morley Jackson would have smiled at these grand plans.

Walter Huber, administrator of the hospital for ten years, was appointed to the newly created position of executive vice-president of the board of directors. Robert L. Flynn became administrator.⁸⁶

The year 1961 was chosen as a comparison year for the following figures because the statistics portray a level of service during a year when the last building program was still in progress and point the need for the new expansion.⁸⁷

	12/31/61	12/31/69
FACILITIES:		
Adult beds	207	245
Bassinets	65	47
CARE AND SERVICE:		
Inpatients admitted	9,898	12,627
Days of care rendered	60,564	74,557
Births	2,254	3,027
Surgical procedures	4,021	5,663
Emergency room patients	4,798	14,400
X-rays, diagnostic and therapeutic	9,919	10,675
Laboratory tests and examinations	236,118	679,113
Physical therapy treatments	7,620	12,636
THE HOSPITAL FAMILY:		
Directors (who serve without pay)	25	25
Medical staff physicians:		
Active members	239	202
Associate members	39	103
Honorary members	9	12
Average number of employees	585	750
CHARGES AND COSTS:		
Average charge to patient per day		
for room and nursing care	\$24.15	\$53.04
Average charge to patient per day for all		
other services (treatments, operating,		
delivery room, etc.	\$19.49	\$36.61
Total payroll	\$2,024,761	\$4,726,001

12/31/61

12/31/69

CAPITAL INVESTMENT:

Property, plant, and equipment,
at cost

\$5,280,537 \$7,898,917

According to the March, 1969, issue of "Washington Hospitals," the state's birthrate was the lowest since 1941.

The ten top killers in order of rank were heart disease, cancer, cerebral hemorrhage, accidents, influenza, and pneumonia, general arteriosclerosis, diseases of early infancy, diabetes, suicide, and now new to the top ten--emphysema.

Tuberculosis, a leading cause of death before 1913, not among the top ten since 1952, was the cause of death in only fifty-six deaths in the state in 1967.

Public Law 89-97, better known as Title XIX, started July 1, 1969.⁸⁸ It gives federal funds to the state for support of the public assistance program and, by dictum of the nation, allowed recipients of the program free choice of physicians and hospitals. The Pierce County Hospital, known in more recent years as the Mountain View General Hospital, was no longer needed and was closed the end of June. Later purchased by the Northern Pacific Railway, this hospital reopened under the name of Puget Sound General Hospital and the old Northern Pacific Hospital on McKinley Hill was torn down.⁸⁹

Tacoma General Hospital started an intensive care unit March 17, 1969. Equipment originally developed to monitor astronauts' vital signs during space flights was now used to monitor eight beds, mostly in separate rooms, with closed-circuit television and other instruments which would record heart rate, blood pressure, and respirations. Signals were transmitted to the central nurses' station where a row of small television receivers showed the patients' moment-by-moment activity while vital signs were visible on other screens. An alarm would ring, and a red light would flash above the patient's television picture and over the door of the room if immediate attention was necessary.⁹⁰

The number of patients admitted to the emergency room had more than tripled in the past ten years at TG, and the long-standing problem afflicted all the hospitals in the area. It had been a nationwide problem until a group of doctors got together and banded themselves into an emergency care association. The idea caught on and spread across the country. There were several advantages: no office with upkeep and overhead; those who wished part time, such as semiretirement, could do so; and those who chose it did so because the challenge of the unexpected appealed to them. Several groups started in Tacoma and the surrounding area and solved Tacoma General's problem.⁹¹

Charles Rancipher was appointed security coordinator for the hospital in 1969. His duties were to include coordinating fire, safety, and security activities as well as training personnel in safety practices and safe movement of patients.⁹²

The Helene Fuld Health Foundation of Trenton, New Jersey, granted the school \$212,000 for remodeling Jackson Hall. It was one of thirty schools in

the nation and the only one in the State of Washington to receive money from the foundation. The only stipulation accompanying the grant was that the school continue its training program for five years. Tacoma General was chosen to receive the funds due to the consistent high caliber of its graduates.⁹³

During the summer of 1969 on an experimental basis Tacoma General inaugurated a project of follow-up visits to homes of new mothers when requested by their physicians. It was the first major step taken by the hospital to go into the community with needed services rather than to wait for needs to arise requiring in-hospital treatment. The home visitation program utilized the services of student nurses and added a new dimension to their understanding of community health needs--including those of the disadvantaged. The project was established through charitable funds at the hospital's disposal and received financial support from the Downtown Kiwanis Club.

Thus was the start of the social and community services department at Tacoma General. The extension of a helping hand into the community proved to be so valuable that, by 1973, the same service was spread to medical and surgical patients. Many a patient bridges the sanctuary of the hospital to the uncertainty of self or family care. Panic is quelled by the follow-up visit of the nurse and, if the patient is of the temperament or condition to need further assistance, she refers the case to the Public Health nurses for further check visits. Truly another hurdle in medicine is the interpretation of need and the engineering of its fulfillment.⁹⁴

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CHAPTER TEN

THE decade beginning with the '70's did, indeed, seem to be a pivotal era for the medical profession, hospitals, and the people they served. Warning signs had appeared for many years and now decisive action was due:

There are those who believe that government might or should take over hospitals. The more thoughtful and influential members of the profession, both in and out of government, know this would be a serious mistake... nor is there any evidence that government could do the job better, or at less cost, than we can. As a matter of fact, the evidence points to the contrary.

Hospitals and the health care system do not exist in a vacuum. Our programs are part of the totality of society, and everything that happens in the community affects us, just as everything we do affects the community... The winds of change are blowing with great force, and there is a revolution brewing in our world... Our revolution, while possessing elements of both economic and political revolutions, is one of social and cultural changes, led largely by the young middle class; and because it is led by the young, it will prevail.¹

The year 1970 saw the establishment of Tacoma General's board of trustees, approved by the directors in the fall of 1969. Fifty-seven community leaders were now actively involved in the affairs of the hospital.²

The average number of employees was 850 and the payroll for the year totaled \$5,213,940. The average charge for room and nursing care per day was now \$58.31.³

In August of 1970 a three million dollar fund drive was launched to begin the first phase of a projected eight million dollar expansion program. James W. Petersen, vice-president of the board of directors, was named chairman of the fund drive committee.⁴ Almost \$500,000 was pledged or donated in this opening phase. The Weyerhaeuser Company Foundation pledged to match \$200,000. The Tenzler Foundation gave \$250,000 and donations were received from the Great Northern Railway Foundation; Dr. Charles P. Larson; Raleigh, Mann & Powell, Inc.; Washington Natural Gas Company; and numerous others--many of them in memory of outstanding Puget Sound residents.⁵

As Mr. Petersen stated: "We are constantly impressed and gratified by the large number of small gifts to the hospital development fund, indicative of the extent to which Tacoma General is truly a community hospital, supported

not just by the important large gifts, but equally by the many, many smaller ones from people in the community it serves. Such gifts are as needed and as deeply appreciated as large donations."⁶

The short-stay unit located on 3B was inaugurated in 1970, intended to increase the efficiency of patient care and reduce the overall cost of health care in the community. This was for patients who were hospitalized for a few to several hours for minor procedures. A flat rate fee would be charged, considerably under the daily rate for other hospital beds.⁷

Tacoma General was the second hospital in the state to start using Social Security numbers for patient records instead of a hospital-assigned number. This proved a more positive method of individual identification.⁸

The monthly general duty base salary this year rose to \$661.

The personnel department, which had been working elbow to elbow in cramped quarters was now housed in its own building at Fifth and K Streets and had been managed by Mrs. Dorothy Gannon since 1968.⁹

The hospital's patient census remained near capacity, and the admissions staff was required to exercise a high degree of ingenuity to avoid turning away patients and provide accommodations for all. In exceptionally tight situations, admissions personnel resorted to using emergency carts and beds in the short-stay admission area until suitable placement in medical or surgical units was available.

For three years now Tacoma General's obstetrical department registered the highest number of births of any hospital in Washington with more than 3,000 deliveries, including thirty-three sets of twins and two sets of triplets in 1970. There were no maternal deaths and the newborn mortality was reduced to 1.06 percent. The nursery underwent a much-needed expansion at a cost of \$20,000. The premature (intensive care) unit was remodeled.¹¹

Construction on the first phase of a program to relieve critical overcrowding and modernize certain services was scheduled to begin in the fall of 1971. The first building was to be three floors of patient units with forty private rooms to a floor. Three additional floors would be shelled with the framework for later completion as needed. The high-rise building would extend perpendicularly from the southeast corner of the original hospital block, the whole building bridging J Street; the parking lot now between I and J would be the lower level of that part of the building. A new obstetrical services wing would extend over Third Street above the present emergency suite on the northwest corner of the block. A receiving and stores warehouse would be erected on the corner of Fourth and J where the side hill parking lots had been.¹²

In July of 1971, "Washington Hospitals" magazine published an article discussing the proposed "coordination" of Tacoma hospitals:

Hospital services in Tacoma are badly fragmented and scarce and expensive resources are being wasted, according to a preliminary working draft of a report on Tacoma's hospitals, 1971-76, prepared recently by the Pierce County Health Council in cooperation with its parent agency, the Puget Sound Comprehensive Health Planning Board...

In 1921 the governing board of Tacoma General Hospital had the foresight to see that alone a hospital could not meet the onrushing problems of expanding health services apparent even then. In August of 1971, at the annual AHA convention in Chicago, Tacoma General Hospital was awarded a fifty-year institutional membership certificate by that organization which is devoted to improving and making more efficient the nation's hospital system.¹³

"To be flexible and grow with changing conditions," the consistent policy of Tacoma General, was evidenced in the months to come by consideration of mergers, alternatives that would bring about sharing some services and consolidating services, many hours of study on variation of its own plans, and gathering data on the wishes of the community.¹⁴

James W. Petersen, owner of the Veneer Chip Transport Company and longtime member of Tacoma General's board of directors, was elected president of the board in 1971. He succeeded J. A. Woodworth who continued as a member of the board. Dr. H. Dewayne Kreager, the nationally known economist, and Corydon Wagner, Jr., representing the third generation of his family to be active in the hospital affairs, were added to the board of trustees.¹⁵

After a delay of nearly four years employees had a chance to try the new staff dining room. It was in 1968 that the cafeteria was "temporarily" vacated and moved over into the Jackson Hall basement recreation room. The renovation was plagued by an incredible succession of frustrating delays--and calamities. Obstacles met and conquered during the remodeling included changing regulatory codes for hospital construction or alteration pertaining to plumbing, electrical wiring, mechanical and fire prevention factors, as well as changing food handling and floor covering regulations. Nationwide strikes delayed completion, transportation and final delivery of custom-designed equipment. Machinery and material were lost in transit, necessitating extensive and irksome detective work to trace them.

Several years before, hospital employees had organized a \$100 Donation Club which would be given to the hospital to buy "something special." Now this money was used to buy tables, chairs, chandeliers, and rich-looking oak paneling that covered the walls, and wall-to-wall carpeting. The main dining area seated 130 and there were two committee meeting rooms, the walls of which could be folded away to increase the total seating capacity to 160. Besides the dining area and the cafeteria line, the new area also included new dishwashing facilities and the office of the dietitian, Mrs. Fulkerson.

But in the years that elapsed between planning and completion, the staff had grown so that what was adequate seating space for the original date of expected operation was barely adequate at this time. The employee complement of the hospital was not nearly 900.¹⁶

The scramble for space had uprooted several departments during the past few years. When surgery moved out of the sixth floor area, a classroom for personnel had been fashioned out of the annex to the south. The remainder was used for storage. Then, as room became scarce in the third floor business office area, bookkeeping and accounting were moved to this spot. The computer had gone into operation five years before and was in the core area of the sixth floor.

The plate room, where the Addressograph-like stamping was done, and the mail room were also on the sixth floor in the area which long ago had been the surgery workroom. Now one clean sweep would clear all of sixth floor and rearrange things to make way for the new building construction. Central supply was to occupy the old surgery suite temporarily. The old nurses' home, now termed the annex, would have to come down to make way for the overpass.¹⁷

The triangular brick building on the corner of Division and K Streets known as the Kinnear Apartments had been purchased by the hospital some years earlier. An elderly resident of the area stated that the site once had been a gulch where she played as a child before the apartment was built.¹⁸ Now it was remodeled and became the Tacoma General Hospital office building. Accounting, bookkeeping, and data processing moved into it. The credit union was assigned to an attractive office in the basement.¹⁹

The classroom for diabetics receiving instruction in diet and the plate room were moved to the core area vacated by the computer. The mail room moved temporarily to the annex until space could be found in the new office building. Much of the storage was moved to the old subbasement area of the original hospital which used to be called the "mechanics' room." Engineering, maintenance, and housekeeping had much to do in accomplishing all this.²⁰

One of the biggest problems of a quickly growing institution is that of communications. George H. Moore was put in charge of internal communications, mail and messenger service, and information desk personnel.²¹

The facilities as of 1971 included 261 adult beds and forty-seven bassinets. The total patients admitted for the year were 13,843--499 more than in 1970. And births dropped a bit to 2,773. There were 626 more surgeries performed; more physical therapy treatments; more X-ray--diagnostic, and therapeutic treatments; more nursing visits; and more outpatients.

The laboratory, which began as little more than a hole in the wall in 1915, conducted 1,441,900 separate tests and examinations in 1971.

The total payroll was \$5,461,860. The average charge per day for room and nursing care to patients was \$61.67.²²

A decided slump in the nation's birthrate resulted in the first drop in the number of children under age five since the depression. This would affect the teaching profession, toy makers, manufacturers of children's clothes and baby foods, and all products designed for the growing child. It was attributed to the changing attitude of Americans toward family size, the Pill, and the growth of legalized abortion.²³

And Dr. David Johnson celebrated his 10,000th delivery and fiftieth year of obstetrical practice in Tacoma. Two hundred sixty-four of Dr. Johnson's friends got together to celebrate his birthday at the Top Of The Ocean. December 28 was proclaimed by Mayor Gordon Johnston as "David H. Johnson Day," and Mr. Walter Huber presented him with a gold-plated card honoring him with lifetime membership on the Tacoma General Hospital medical staff. Huber also announced that the new maternity wing at the hospital would be known as the "David H. Johnson Obstetrical Pavilion."²⁴

Two new directors in 1971 were Donald J. Browne and David J. Williams,

both former trustees. New trustees included Ralph L. Dickman, II; William B. Lindberg; and Mrs. Charles C. Reberger. Alexander L. Babbit, retiring director, agreed to stay on as a member of the board of trustees.²⁵

Robert Flynn resigned as administrator the latter part of 1971 to accept the position of administrator of Ballard General Hospital in Seattle. Within a few months, Bruce M. Yeats, the former administrator of Kennewick General Hospital and immediate past president of the Washington State Hospital Association, was appointed associate administrator; and Miss Helen J. Maddex, former controller at Tacoma General, was named assistant to the executive vice-president. Ronald J. Beardsley, former supervisor of laundry services, was named administrative assistant for general services. Herbert C. Myers, former assistant controller, was appointed controller.

Bruce Yeats, a member of the American College of Hospital Administrators, had been active in regional and state professional societies and served by appointment of the Governor on the Hospital Advisory Council to the State Department of Health. In that capacity he had held a seat on the Hill-Burton advisory council of the Southeast Washington Hospital Council and Four Rivers Comprehensive Health Planning Council. In 1971 he was a board member of the Northwest Hospital Research and Education Foundation, a member of the steering committee of Battelle-Northwest systems program for hospitals and was the state's 1972 delegate to the Association of Western Hospitals convention. In Kennewick, Mr. Yeats was active in community organizations concerned with mental health and family counseling, Kiwanis, the Chamber of Commerce, and the Methodist church.²⁶

David A. Michaud became assistant administrator, July 1, 1972. He is a graduate of Washington State University and received a master's degree in hospital administration from the University of Minnesota.²⁷

The base salary for registered nurses was raised to \$685. The number of registered nurses in the United States had risen sixteen percent in the five years previous to 1971 to 723,000.²⁸ In 1910 there had been just 50,000. Considering that the first systematic training school in America was founded in 1872 at the New England Hospital for Women at Boston, the rise was startling. By 1883 there were twenty-two other training schools but, after 1890, the advance was rapid. In 1900 there were reported to be 27,000 nurses at work and 150,000 by 1920.²⁹

The Tacoma General Hospital School of Nursing was one of the two three-year diploma schools remaining in the state in 1971. The other was Deaconess Hospital in Spokane. The cost of three years' nursing education is now between \$4,000 and \$5,000, depending on whether the student lives in or out. Through the year 1972, 1,841 have been graduated.³⁰

All departments in the hospital desperately needed more room. Peripheral buildings and space were bought and utilized. With the exhaustion of these the planned building program was sorely needed. "To be flexible and grow with changing conditions" had been the axiom of the institution since its beginning. The acute need of a haven for the sick had prompted the first building on Starr Street. And now, ninety years later, the preliminary report on Tacoma hospitals prepared by the Pierce County Health Council was the first omen to whisper, "You can't..."

In September of 1933 the Pierce County Medical Society Bulletin warned that Federal curb on hospitals loomed. Hospitalization groups would be created in all parts of the nation in the hope that inexpensive insurance plans could be formulated.

Back in 1951, Mr. Heath reported to the board that hospital costs, which had increased in alarming proportions in recent years, had caused some concern among hospital administrators and boards of trustees. The American Hospital Association, recognizing the seriousness of the situation, sponsored the setting of a commission on financing hospital care, its function to study the financing of hospital care and answer basic questions relating to the quantity and quality of care, the sources of service, and component parts of the cost of care, and the systems of distribution and payment for care. Among its objectives were the determination of the need and demand for hospital services and investigation of methods for facilitating the most effective utilization of hospital resources.

Back in April of 1964, Nathan J. Stark, director of manufacturing for Hallmark Cards, Inc., had stated in his speech at the last dedication: "Hospital planning should be done on a metropolitan regional basis to fill gaps in service and eliminate costly duplications." He warned that hospitals must meet the challenge of the future or "they were inviting some regulatory system to come and take over."³¹

Mr. Huber stated in the 1967 annual report: "Demands for beds which many times could not be met and increasing use of all facilities created a sense of urgency to arrive at an acceptable plan for expansion, and yet there was an uneasiness about leading out in any direction caused by the firming up of concepts of comprehensive health planning by the government."

And in February of 1968, Dr. Stanley W. Tuell had said in an editorial, "... The Federal Government will play an increasingly involved role in the mechanism of health care."

Public Law 89-749 as of November 3, 1966, read: "To amend the Public Health Service Act to promote and assist in the extension and improvement of comprehensive health planning and public health services, to provide for a more effective use of available Federal funds for such planning and services, and for other purposes."³²

From the above evolved State HB 553 which placed the planning and health services on a state, county, and city level.³³

In August of 1971 the law went into effect requiring a certificate of need from the state for any expansion. The certificate of need legislation required that all hospital projects in excess of \$100,000 be reviewed by a local health planning council, a regional planning council, and, finally, by the Department of Social and Health Services where the ultimate authority to approve or disapprove a project resided. The local and regional planning councils were to be composed of providers and consumers with the consumers in the majority.³⁴

The Tacoma News Tribune of March 7, 1972, heralded: "Sharp Change in Hospital Planning Here is Proposed":

Pierce County's health-care community Monday heard proposals that would sharply alter the direction of current hospital planning--

from a stress on more beds to a stress on facilities for primary, or "out-patient" care.

"There are already sufficient hospital beds in the county for the next ten years," the California Health Consultants Lester Gorsline Associates reported, "an excess capacity of acute services...."

And so, in the year 1972, there developed a crisis in the affairs of the Tacoma General Hospital, just one unit of the medical profession over the nation that had endeavored for the past hundred years to rise above the ignorance of the Middle Ages. Had the efforts been in vain?

Statistics from the Metropolitan Life Insurance Company inform us of the continuing decline in mortality in our country; the chances that an individual will reach age 65 have greatly increased. In 1900, nearly 40 out of every 100 newborn white boys could expect to reach the threshold of old age. For a boy born in 1930 the chances of attaining age 65 were 53 in 100; in 1950, 64 in 100.

The female population has reaped greater gains than males. At birth, their chances of celebrating a 65th birthday have climbed from 44 in 100 around 1900, to 77 in 100 in 1950.

The Bureau of the Census expects that the number of persons age 65 and over will increase from 13.4 million in 1953 to 20.7 million in 1975, and to more than 26 million before the end of the century.

The continuing decline in maternal mortality over the past thirty-five years is one of the important achievements in medicine and public health during this century. It is particularly noteworthy that maternal mortality has decreased while the number of births has been at a high level. There were nearly 13,000 maternal deaths in the United States in 1933, with births at the two million mark, or a maternal mortality rate of 619.1 per 100,000 live births. In 1967 there were 1,020 maternal deaths, while births for the year totaled over three and a half million. This represents a maternal death rate of 28.9 per 100,000 live births, or one maternal death in every 3,500 live births, and evidences a persistence of the downtrend.

Maternal mortality rates have been recorded in the United States since 1915. There was little change in such death rates until the late 1920's when a slight drop occurred; but a sharp downtrend became apparent after 1936, following more pointed efforts by the medical and public health authorities to make childbearing safer. Local medical society and hospital staff sponsorship of case conferences to review causes of maternal deaths, research relating to pregnancy and its complications, and an increase in prenatal care services and hospitalization for delivery, all contributed to the continued lowering of the maternal death rate. Advances in medicine, such as the introduction of sulfonamides and antibiotics to control infections and the use of blood and blood substitutes to treat hemorrhage were the key factors responsible for the acceleration of the decline in maternal mortality after 1945. At the same time better prenatal and postnatal care became more generally available.

During the two decades following the close of the World War II, maternal mortality in the United States dropped by eighty-five percent. The three

major causes of maternal mortality have remained the same over the years-- that of toxemia, hemorrhage, and sepsis (infection). Sepsis has been pretty well controlled by the antibiotics, having dropped from 4.5 to 100,000 births in 1953-55 to 2.7 per 100,000 in 1963-65. For these same years the hemorrhage rate dropped from 7.8 to 3.9 and toxemia, from 10.6 to 3.7.

It is estimated that mortality of infants under the age of one year in the United States declined in 1971 to a record low of about 19 deaths per 1,000 live births, continuing the downtrend from the 19.8 per 1,000 live births registered in 1970. During the decade since 1961, infant mortality decreased by about 25 percent, or more than twice the reduction observed in the previous ten years.

The death rate in the neonatal period, during the first twenty-eight days of life, fell from 22.4 per 1,000 live births in 1946-47 to 15.3 in 1966-67. In the State of Washington it was 14.3, the only lower state being Utah with 13.7.

"Although being sick feels about the same today as it did to great-grandfather," summed Jean Schenk, former instructor at Tacoma General's School of Nursing, in a Tacoma News Tribune article telling of the seventy-fifth anniversary of the school, "the illnesses are not the same. The majority of today's nurses have never seen a case of diphtheria. Pneumonia is no longer dramatic. 'Blood poisoning' and peritonitis are manageable now. Repairing and replacing some worn body parts have become quite routine and more amazing things are promised. Lives are saved; fathers are going home after heart attacks; new mothers are safe from postpartum complications; blue babies become pink babies. Pain is controlled. Illnesses are shorter. The range of treatments available continues to broaden."

The story depicted in the Metropolitan Life Insurance Company statistical figures are proof positive of worthwhile achievement. The story of the struggle of our own Tacoma General Hospital from a \$450 dance hall to the modern, efficient community health center of today reveals the determination of people with dreams to help the unfortunate and foster a healthy community. But, as Jean Schenk also said, "Neither dreams nor realities are made of moon dust. There must be concrete and steel, instruments, machines, and clean white sheets. Most important of all, there must be dedicated people who keep on having dreams."

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BIRTHS AT TACOMA GENERAL HOSPITAL
Grand Total Through 1972--91,967

1882-1889	Probably none.
1889	
1890	
1891----	Early graduates mentioned some births, but not counted as not actually recorded anyplace.
1892	
1893	
1894----- 1	Mentioned by Dr. McCutcheon in "Hospital Messenger."
1895	
1896	
1897	
1898----- 1	First birth certificates registered in Tacoma Vital Statistics. Boy named Gaus, father was William.
1899----- 4	
1900----- 4	First twins born March 4, one boy and one girl named Kenneth and Elisabeth Hunt. Oldest of 8 children. Boy died at age 2, sister died a few years ago.
1901----- 2	
1902----- 4	
1903----- 4	
1904----- 4	
1905----- 3	
1906----- 3	
1907----- 13	
1908----- 15	
1909----- 11	
1910----- 10	
1911----- 12	
1912----- 11	
1913----- 9	
1914----- 21	
1915----- 52	New building and department.
1916-----199	
1917-----256	World War I.
1918-----469	
1919-----488	
1920-----570	Postwar boom.
1921-----462	
1922-----423	
1923-----507	
1924-----574	
1925-----602	
1926-----573	
1927-----635	
1928-----621	
1929-----616	

1930----- 581
 1931----- 588
 1932----- 513
 1933----- 458
 1934----- 518
 1935----- 518
 1936----- 931

Depression.

This was the year they started counting January 1 to December 31. Before, it was September to September; 671 plus September through December, 260.

1937----- 898
 1938----- 854
 1939----- 911
 1940-----1,126
 1941-----1,484
 1942-----2,076
 1943-----2,560
 1944-----2,183
 1945-----2,048
 1946-----2,437
 1947-----2,714
 1948-----2,340
 1949-----2,378
 1950-----2,380
 1951-----2,451
 1952-----2,510
 1953-----2,396
 1954-----2,394
 1955-----2,417
 1956-----2,486
 1957-----3,143
 1958-----3,069
 1959-----2,629
 1960-----2,511
 1961-----2,279
 1962-----2,137
 1963-----2,000
 1964-----1,846
 1965-----1,837
 1966-----1,929
 1967-----2,335
 1968-----2,688
 1969-----3,017
 1970-----3,015
 1971-----2,773
 1972-----2,430

World War II.

Private hospitals caring for military.

Lakewood opened. Family planning and Pill introduced.

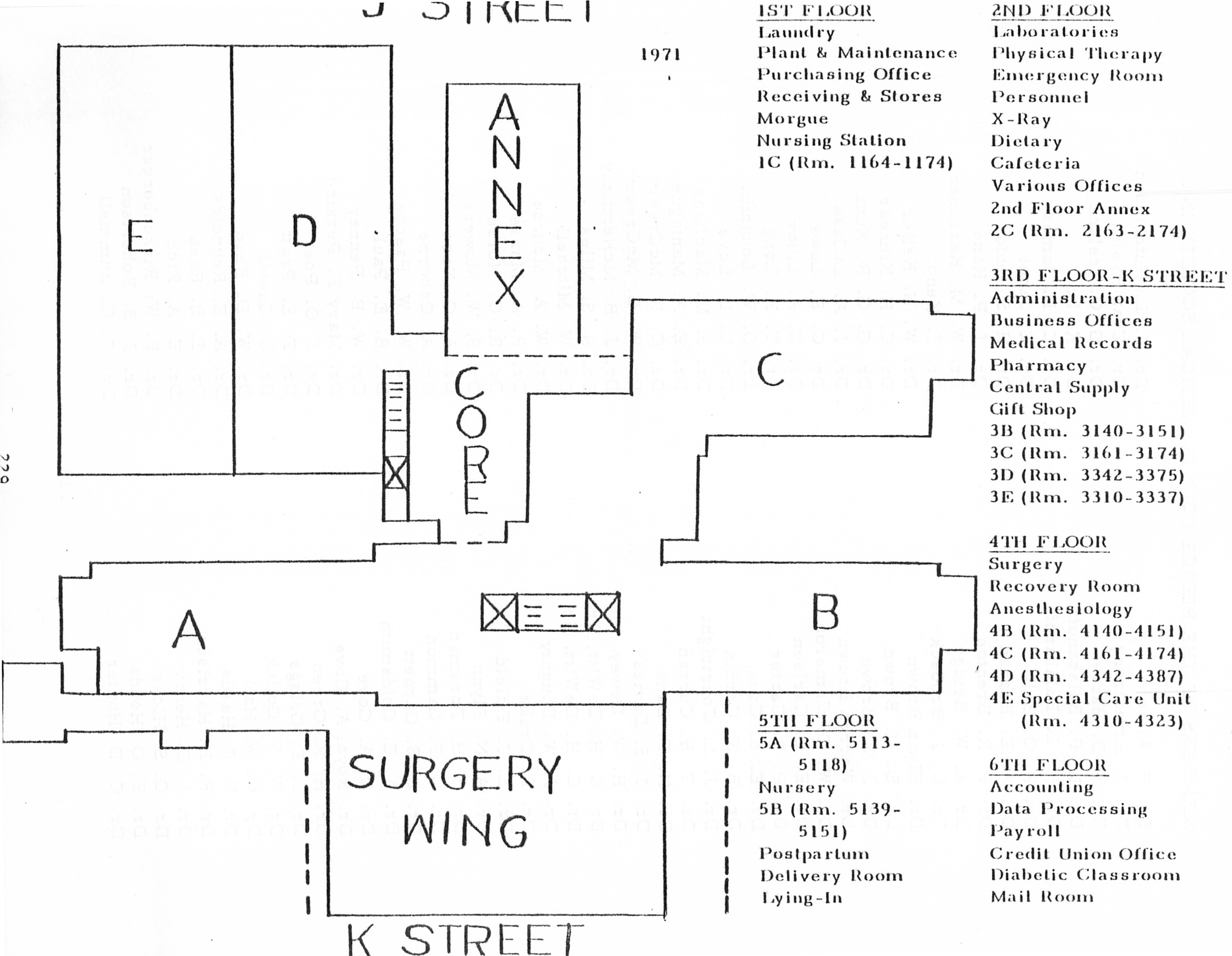
Viet Nam war and rising economy.

Legalized abortions.

EMPLOYEES WHO HAVE SERVED TWENTY YEARS OR MORE:

Aagot Anderson, Nursing Service
Vivian Babcock, Dietary
Theora Ballard, Nursing Service
Mildred Bates, R.N., Head Nurse, Delivery Room
Alphonse Berquist, Engineer
Alysse Blancher, X-ray
Anna Mae Bod, Business Office
Fred Boehm, Pharmacist
Myrtle Bottnen, Medical Records
Helen Brostrom, Dietary
Mildred Broussard, R.N., Head Nurse, 4C
Burnetta Brown, Nursing Service
Matilda Carlson, Nursing Service
Joe Carter, General Services
Sara Jane Copeland, R.N., Head Nurse, Two North
C. J. Cummings, Administrator
Charlotte Cunningham, R.N., Head Nurse, Nursery
Martha Damon, R.N., Head Nurse, 5B
Irmagarda Deksheniaks, Nursing Service
Regina Dickman, R.N., Assistant Director of Nursing Service, 3-11
Ethel Edwards, Laundry
Velma Farrell, Dietary
Eudora Fulkerson, Director of Dietetics
Hannah Gardner, R.N., Operating Room
Fred Gibbs, Engineer
Ruth Gichard, R.N., Head Nurse, 5A
Elizabeth Goodell, Housekeeping
Leslie Goucher, Stores
Daisy Gray, Nursing Service
Ethel Guilford, Dietitian
Alvina Hansson, Nursing Service
Helena Harris, Pharmacy
Aline Hatton, R.N., Diabetic Service
Bernice Hockett, Accounting
Betty Hoffman, R.N., Director of Nursing Service
Margaret Hoffman, Dietary
Walter L. Huber, Administrator and Executive Vice-President
Betty Jacobson, R.N., Head Nurse, Emergency Room
Helmi Jarvitz, R.N., 4C
K. Johnson, R.N., Emergency Room
Josephine Juberg, Personnel
Barnadine Kangas, R.N.
Betty Kindem, Dietary
Lila Klos, Dietary
Elnora Klug, Nursing Service
Leona Knight, Laundry

Percy Knox, Chief Engineer
 Dr. Charles P. Larson, Pathology Chief
 Lucille Larson, Chief Medical Technologist
 Nina Larson, R.N., Operating Room
 Amy Madsen, Dietary
 Mildred Mase, R.N., Head Nurse, Two South
 Doris McClymont, R.N., Assistant Director of Nursing Service, 11-7
 Lucille McDonald, R.N., Operating Room Supervisor
 Louise Mensik, Payroll
 Fern Miller, Dietary
 Elizabeth Mitchell, Elevator
 Madge Monroe, Information Clerk
 Janis Muiznieks, Housekeeping
 Thomas Mustin, Housekeeping
 Kenneth Ollar, Photo Lab
 Ruth Paulhamus, R.N., 2C
 Dr. Frank J. Rigos, X-ray Chief
 Margaret Robertson, Laundry
 Gertrude Rothermel, R.N., 2C
 Jean Schenk, R.N., School of Nursing, Instructor and Former Acting Director
 Rose Sease, Housekeeping
 Marjorie Segraves, Nursing Service
 Loretta Selle, R.N., Head Nurse, 3D
 H. B. Selvig, Chief Engineer
 Leola Simmons, R.N., Head Nurse, Operating Room
 Clara Skore, Nursing Service
 Ellen Smith, R.N., 3B
 George Smith, R.N., X-ray
 Violet Sullivan, Nursing Service
 Bror Truedson, Carpenter
 Lillian Ujick, Administration
 Edna Vanderflute, Nursing Service
 Dr. M. J. Wicks, Pathology



1971

- 1ST FLOOR
- Laundry
 - Plant & Maintenance
 - Purchasing Office
 - Receiving & Stores
 - Morgue
 - Nursing Station
 - 1C (Rm. 1164-1174)

- 2ND FLOOR
- Laboratories
 - Physical Therapy
 - Emergency Room
 - Personnel
 - X-Ray
 - Dietary
 - Cafeteria
 - Various Offices
 - 2nd Floor Annex
 - 2C (Rm. 2163-2174)

- 3RD FLOOR-K STREET
- Administration
 - Business Offices
 - Medical Records
 - Pharmacy
 - Central Supply
 - Gift Shop
 - 3B (Rm. 3140-3151)
 - 3C (Rm. 3161-3174)
 - 3D (Rm. 3342-3375)
 - 3E (Rm. 3310-3337)

- 4TH FLOOR
- Surgery
 - Recovery Room
 - Anesthesiology
 - 4B (Rm. 4140-4151)
 - 4C (Rm. 4161-4174)
 - 4D (Rm. 4342-4387)
 - 4E Special Care Unit (Rm. 4310-4323)

- 5TH FLOOR
- 5A (Rm. 5113-5118)
 - Nursery
 - 5B (Rm. 5139-5151)
 - Postpartum
 - Delivery Room
 - Lying-In

- 6TH FLOOR
- Accounting
 - Data Processing
 - Payroll
 - Credit Union Office
 - Diabetic Classroom
 - Mail Room

MEMBERS OF THE PIERCE COUNTY MEDICAL SOCIETY IN 1916:

Dr. H. Allan
 Dr. J. Armstrong
 Dr. S. D. Barry
 Dr. I. P. Balabanoff
 Dr. M. L. Balabanoff
 Dr. R. O. Ball
 Dr. A. E. Braden
 Dr. P. R. Brenton
 Dr. A. W. Bridge
 Dr. C. J. Brobeck
 Dr. Elwin Brown
 Dr. E. M. Brown
 Dr. J. R. Brown
 Dr. Warren Brown
 Dr. W. G. Cameron
 Dr. E. L. Carlsen
 Dr. P. B. Carter
 Dr. E. E. Case
 Dr. B. X. Corbin
 Dr. J. L. Courtright
 Dr. T. B. Curran
 Dr. H. P. Dana
 Dr. J. S. Davies
 Dr. H. W. Dewey
 Dr. C. H. DeWitt, Jr.
 Dr. C. H. DeWitt, Sr.
 Dr. J. W. Doughty
 Dr. E. Drake
 Dr. E. J. Fifield
 Dr. A. N. Flynn
 Dr. B. H. Foreman
 Dr. C. P. Gammon
 Dr. R. S. Garnett
 Dr. A. E. Goldsmith
 Dr. D. A. Gove
 Dr. Royal A. Gove
 Dr. H. R. Green
 Dr. J. F. Griggs
 Dr. W. V. Gulick
 Dr. C. W. Hall
 Dr. H. J. Hards
 Dr. R. H. Harrison
 Dr. J. E. Henry
 Dr. G. S. Hicks
 Dr. E. O. Houda
 Dr. C. D. Hunter

Dr. J. L. Hutchinson
 Dr. Evan Hyslin
 Dr. G. O. Ireland
 Dr. K. Ito
 Dr. C. E. James
 Dr. E. Janes
 Dr. H. S. Judd
 Dr. J. P. Kane
 Dr. W. M. Karshner
 Dr. J. Keho
 Dr. W. N. Keller
 Dr. C. H. Kinnear
 Dr. G. G. R. Kunz
 Dr. J. A. LaGasa
 Dr. C. E. Laws
 Dr. G. A. Libby
 Dr. T. H. Long
 Dr. O. W. Loughlin
 Dr. L. L. Love
 Dr. S. M. MacLean
 Dr. E. A. Mantague
 Dr. C. R. McCreery
 Dr. W. B. McCreery
 Dr. J. B. McNerthney
 Dr. R. S. Miles
 Dr. W. Mitchell
 Dr. W. A. Monroe
 Dr. R. A. Morse
 Dr. R. C. Morse
 Dr. S. W. Mowers
 Dr. A. G. Nace
 Dr. A. Osborne
 Dr. W. W. Pascoe
 Dr. B. E. Paul
 Dr. W. B. Penney
 Dr. Mary F. Perkins
 Dr. J. O. Post
 Dr. F. E. Pratt
 Dr. C. Quevli
 Dr. W. D. Read
 Dr. A. E. Reynolds
 Dr. E. B. Rhea
 Dr. E. A. Rich
 Dr. F. W. Rinkenberger
 Dr. J. B. Robertson
 Dr. T. C. Rummell

Dr. J. L. Rynning
 Dr. Eva St. Clair
 Dr. R. C. Schaeffer
 Dr. F. J. Schug
 Dr. F. A. Scott
 Dr. G. D. Shaver
 Dr. L. B. Simms
 Dr. T. F. Smith
 Dr. J. W. Snoke
 Dr. F. W. Southworth
 Dr. J. R. Steagall
 Dr. T. R. Steagall
 Dr. G. M. Steele
 Dr. A. C. Stewart
 Dr. F. J. Stewart
 Dr. P. B. Swearingen
 Dr. C. E. Taylor
 Dr. W. R. Tymmons
 Dr. W. B. Van Vechten
 Dr. G. C. Wagner
 Dr. J. A. Walker
 Dr. H. A. Wall
 Dr. E. C. Wheeler
 Dr. H. J. Whitacre
 Dr. W. R. Whitnall
 Dr. C. E. Whitney
 Dr. C. Stuart Wilson
 Dr. P. S. Wing
 Dr. J. R. Yocom

MEMBERS OF THE PIERCE COUNTY MEDICAL SOCIETY IN 1927:

Dr. H. S. Argue
 Dr. C. H. Aylen
 Dr. I. P. Balabanoff
 Dr. S. D. Barry
 Dr. R. H. Beach
 Dr. D. H. Bell
 Dr. S. L. Blair
 Dr. J. C. Bohn
 Dr. J. A. Bowles
 Dr. T. K. Bowles
 Dr. Perley R. Brenton
 Dr. A. W. Bridge
 Dr. C. J. Brobeck
 Dr. B. A. Brown
 Dr. Elwin Brown
 Dr. J. R. Brown
 Dr. A. H. Buis
 Dr. W. G. Cameron
 Dr. E. L. Carlsen
 Dr. V. E. Crowe
 Dr. J. J. Cullen
 Dr. T. B. Curran
 Dr. J. S. Davies
 Dr. D. M. Dayton
 Dr. E. F. Dodds
 Dr. Charles H. Doe
 Dr. M. P. Dorman
 Dr. F. H. Douglass
 Dr. B. E. Drake
 Dr. C. F. Engels
 Dr. A. M. Flynn
 Dr. B. H. Foreman
 Dr. C. P. Gammon
 Dr. R. S. Garnett
 Dr. S. A. Gianelli
 Dr. B. J. Gilshannon
 Dr. D. A. Gove
 Dr. Clyde E. Gray
 Dr. J. F. Griggs
 Dr. J. W. Gullickson
 Dr. P. F. Guy
 Dr. H. J. Hards
 Dr. A. B. Heaton
 Dr. Grant S. Hicks
 Dr. A. E. Hillis
 Dr. L. A. Hopkins

Dr. E. O. Houda
 Dr. A. W. Howe
 Dr. Leo J. Hunt
 Dr. C. D. Hunter
 Dr. J. L. Hutchinson
 Dr. Evan Hyslin
 Dr. Charles James
 Dr. E. W. Janes
 Dr. D. H. Johnson
 Dr. J. A. Johnson
 Dr. H. D. Jones
 Dr. Scott S. Jones
 Dr. Corban E. Judd
 Dr. J. P. Kane
 Dr. W. M. Karshner
 Dr. J. A. Keho
 Dr. W. N. Keller
 Dr. C. H. Kinnear
 Dr. G. G. R. Kunz
 Dr. H. Kurata
 Dr. J. A. LaGasa
 Dr. C. C. Leaverton
 Dr. J. A. Locke
 Dr. T. H. Long
 Dr. O. W. Loughlen
 Dr. W. L. Ludlow
 Dr. W. H. Ludwig
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 Dr. W. W. Mattson
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 Dr. W. B. McCreery
 Dr. J. B. McNerthney
 Dr. W. B. McNerthney
 Dr. R. D. McRae
 Dr. R. S. Miles
 Dr. W. B. Mitchell
 Dr. R. W. Monaghan
 Dr. W. A. Monroe
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 Dr. R. A. Morse
 Dr. R. C. Morse
 Dr. T. B. Murphy

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 Dr. Charles M. Pearson
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 Dr. Mary E. Perkins
 Dr. E. R. Perry
 Dr. C. Quevli
 Dr. R. H. Rea
 Dr. C. R. Rischel
 Dr. W. D. Read
 Dr. E. A. Rich
 Dr. J. B. Robertson
 Dr. T. C. Rummell
 Dr. R. C. Schaeffer
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 Dr. Alice M. Smith
 Dr. G. H. Smith
 Dr. J. W. Snoke
 Dr. Karl S. Staatz
 Dr. T. R. Steagall
 Dr. G. M. Steele
 Dr. J. F. Steele
 Dr. P. B. Swearingen
 Dr. C. E. Taylor
 Dr. J. R. Turner
 Dr. G. C. Wagner
 Dr. J. A. Walker
 Dr. E. C. Wheeler
 Dr. H. J. Whitacre
 Dr. W. W. Wick
 Dr. H. G. Willard
 Dr. W. C. Wilson
 Dr. C. E. Wiseman
 Dr. G. A. Wislicenus
 Dr. R. D. Wright
 Dr. J. R. Yocom
 Dr. E. C. Yoder

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Dr. H. B. Allison
 Dr. E. R. Anderson
 Dr. H. A. Anderson
 Dr. H. H. Andrews
 Dr. Leo Annest
 Dr. C. B. Arnold
 Dr. W. E. Avery
 Dr. C. H. Aylen
 Dr. B. A. Bader
 Dr. E. E. Banfield
 Dr. T. M. Barber
 Dr. Shirley Barry
 Dr. L. S. Baskin
 Dr. R. H. Beach
 Dr. R. J. Bennett
 Dr. J. A. Benson
 Dr. S. L. Blair
 Dr. L. J. Bland
 Dr. E. C. Blizzard
 Dr. J. C. Bohn
 Dr. R. G. Bond
 Dr. P. E. Bondo
 Dr. J. J. Bonica
 Dr. J. W. Bowen
 Dr. T. K. Bowles
 Dr. J. M. Brady
 Dr. J. R. Brooke
 Dr. B. A. Brown
 Dr. R. W. Brown
 Dr. W. C. Brown
 Dr. A. H. Buis
 Dr. William Burrows
 Dr. R. R. Burt
 Dr. W. C. Cameron
 Dr. J. R. Campbell
 Dr. E. L. Carlsen
 Dr. W. B. Carte
 Dr. T. H. Clark
 Dr. H. T. Clay
 Dr. G. C. Cole
 Dr. A. L. Cooper
 Dr. J. R. Cranor
 Dr. V. E. Crowe
 Dr. T. B. Curran
 Dr. D. M. Dayton
 Dr. G. A. Delaney

Dr. C. H. Denzler
 Dr. L. S. Diamond
 Dr. Carlisle Dietrich
 Dr. R. S. Dille
 Dr. B. E. Drake
 Dr. G. A. Drucker
 Dr. I. A. Drues
 Dr. T. H. Duerfeldt
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1928-29	Dr. Gerald C. Kohl Dr. P. C. Kyle Dr. W. A. Niethammer Dr. C. B. Ritchie	1941-42	Dr. H. F. Holsinger Dr. H. S. Judd Dr. Sanford O. Staley Dr. William J. Warn Dr. J. L. Whitaker
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1936-37	Dr. Seth W. Kellam Dr. Frank A. Majka Dr. R. E. Morton	1949-50	Dr. Joseph H. Bechtold
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	Dr. C. R. Haberman		Dr. Robert Klein
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1949-51	Dr. Luigi Davoli		Dr. Domiciano Nazareno
1950-51	Dr. R. M. Ferguson		Dr. Charles L. Schroff
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	Dr. W. R. Herron	1958-59	Dr. Herman Ansingh
	Dr. James J. Jambor		Dr. G. W. C. Bischoff
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	Dr. A. A. Van Dooren		Dr. A. M. Palacio
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- Fair, William A., Rev., 1883--few months only
- Lovejoy, D. H., Rev., 1883-1885
- Nicholson, A. S., Rev., 1885-1887
- McCutcheon, Charles, Dr., 1891-1908
- LaGasa, J. A., Dr., 1908, temporarily acting
- Burrows, Albert J., 1908-1912
- Smith, Wilfred A., 1912-1918
- Cummings, Clarence J., 1918-1940
- Heath, Walter A., 1940 to end of 1952
- Dobyns, William John, 1953 through January, 1955
- Babbitt, Alexander L., 1955-1959
- Huber, Walter L., 1959-1969 and 1971--; became executive vice-president
1969-
- Flynn, Robert L., 1969-1971
- Maddex, Helen J., assistant to executive vice-president, 1972-
- Yeats, Bruce M., associate administrator, 1972-
- Michaud, David A., assistant administrator, 1972-
- Beardsley, Ronald J., assistant administrator, general services, 1972-
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Jackson, Samuel Morley, 1912-1945
Woodworth, Harold S., 1945-1952
Babbit, Alexander L., 1952-1955
Long, George S., Jr., 1955-1957
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A HOUSE of MERCY



ABOUT THE AUTHOR. . .

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